

By Speed Post/email

No. 6/1/2021-CS-II(C)
Government of India
Ministry of Personnel, Public Grievances & Pensions
(Department of Personnel and Training)

3rd Floor, Lok Nayak Bhavan
Khan Market, New Delhi
Dated 17th February, 2021

To

The CMO/ Civil Surgeon
Officer-in-Charge ((Medical Examination-I)
Dr. RML Hospital, New Delhi-110001

Subject: Medical Examination of candidates for appointment to the Grade of **Stenographer Grade 'D' of CSSS** on the basis of result of **Stenographers' Grade 'C' & 'D' Examination, 2018.**

Sir/Madam,

I am directed to refer to the subject mentioned above and to say that the candidates recommended for appointment to the grade of Stenographer Grade 'D' of Central Secretariat Stenographers' Service (CSSS) in Government of India, on the basis of Stenographers' Grade 'C' & 'D' Examination, 2018 are required to appear before Medical Board for their medical examination.

2. The candidates (as per list attached) are being instructed through this letter to appear before you for medical examination in OPD Block, Dr. Ram Manohar Lohia Hospital, New Delhi for the date of medical examination before 02.03.2021. List of the candidates is enclosed herewith. It is requested that the candidates may be medically examined and the Medical Certificate be forwarded to this Department in the prescribed format by 04.03.2021.

3. The signature of the candidate may please be obtained on the prescribed format in your presence.

Encl.: As above

Yours faithfully



(Bhagirath Jha)

Under Secretary to the Government of India

Tele: 24654020

Copy to: Candidates as per list attached.

FORM OF MEDICAL CERTIFICATE

I hereby certify that I have examined Sh/Smt/Km. _____
a candidate for employment in the Central Secretariat Service in the Government of
India and cannot discover that he/she has any disease (communicable or otherwise),
constitutional weakness or bodily infirmity, except _____.

I do not consider this a disqualification for employment in Central Secretariat Service
in the Government of India.

The age of Shri/Smt./Kum. _____ according to
his/her own statement is _____ years, and by appearance is about _____ years.

(Signature/thumb impression
of the candidate)

Date _____

(To be signed in the presence of
the examining Medical Officer)

(Paste a photograph
of the candidate
examined)

Signature of Medical Officer
Name _____
Address _____

Official Seal

(Seal should be spread over
form and the photograph)

Note: The officer making this certificate should be a Civil Surgeon or a
District Medical Officer of equivalent status of a Government Hospital

CANDIDATE'S STATEMENT AND DECLARATION

(The candidate must make the following statement and must sign the declaration below it before the medical officer. Attention is specially invited to the **WARNING** in the 'Note' at the bottom of page 2.)

1. Name in full
(in BLOCK letters) _____
2. Age and place of birth _____
3. Have you ever had
 (a) small-pox, intermittent fever and other fever, enlargement suppuration of glands, spitting of blood, fainting attacks, rheumatism or appendicitis? _____
 OR
 (b) any other disease or accident requiring confinement to bed and medical or surgical treatment? _____
4. When were you last vaccinated? _____
5. Have you or any of your relatives been afflicted by consumption, scrofula, gout, asthma, fits, epilepsy or insanity? _____
6. Have you suffered from any form of nervousness due to overwork or any other cause? _____
7. Have you been examined and declared fit for Govt. Service by a medical officer/ Medical Board within the last three years? _____

8. Furnish the following particulars:

Father's age, if living, & state of health	Father's age at the time of death and cause of death	No. of brothers living, their ages and state of health	No. of brothers who have died, their ages at death and cause of death

Contd...../-

Mother's age, if living, & state of health	Mother's age at the time of death and cause of death	No. of sisters living, their ages and state of health	No. of sisters who have died, their ages at death and cause of death

DECLARATION

I declare that all the above answers are true and correct to the best of my knowledge and belief. I also solemnly affirm that I have not received any disability certificate/ pension on account of any disease or other condition.

Date: _____

Candidate's signature

Signed in my presence.

Signature of Medical Officer

Name: _____
& Designation: _____

Note: The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information he will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to superannuation allowance or gratuity.

(Please take back to back print)

S.No.	Roll No.	GENDER	Name	Rank
1	2201048755	MALE	PRINCE SONI	15
2	2201021047	MALE	KULDEEP	24
3	2201049061	FEMALE	SOMYA SATIJA	29
4	2201019357	MALE	RAVINDER KHATRI	30
5	2201043800	MALE	SACHIN NEGI	33
6	2201047579	MALE	AUJASVI GOSWAMI	34
7	2201062320	FEMALE	EKTA DHAWAN	35
8	2201064076	FEMALE	AASHIMA	38
9	2201066412	MALE	AALOK KUMAR	42
10	2201027253	MALE	KAMAL PAL	43
11	2201045843	MALE	NAMAN RAWAT	55
12	2201057311	MALE	DEEPANSH GUPTA	62
13	2201044645	FEMALE	PRIYANKA	66
14	2201032891	MALE	YOGESH BALYAN	71
15	2201013052	FEMALE	MRIDULA SAWHNEY	77
16	2201016731	FEMALE	CHARU	78
17	2201021716	MALE	MANOJ KUMAR	92
18	2201064163	MALE	TARUN SHARMA	109
19	2201036483	FEMALE	MANPREET KAUR	110
20	2201030037	MALE	NEERAJ SHARMA	111
21	2201070462	FEMALE	VRINDA SHARMA	117
22	2201049228	MALE	GOVIND VASHISHTHA	118
23	2201036953	MALE	ADITYA KUMAR RAI	124
24	2201035095	MALE	DHRUV KAUSHIK	127
25	2201045351	FEMALE	ALISHA GERA	128
26	2201033868	FEMALE	GARIMA KHANNA	129
27	2201067763	FEMALE	ANJALI KAUSHIK	133
28	2201015711	MALE	MOHIT PUNDORA	140
29	2201040780	MALE	SAMEER SINGH	143
30	2201029583	MALE	KARAN SHARMA	144
31	2201029448	FEMALE	AARTI RAWAT	152
32	2201043934	FEMALE	VAISHALI PRUTHI	159
33	2201069834	MALE	PAWAN KUMAR VERMA	163
34	2201063392	MALE	ABHISHEK KUMAR MISHRA	166
35	2201034491	MALE	LAKSHAY ARORA	176
36	2201040740	FEMALE	RITU SOLANKI	183
37	2201028099	FEMALE	NIDHI BANSAL	184
38	2201020144	MALE	MUKESH KUMAR BISHT	186
39	2201057893	MALE	SHUBHAM VARUN	187
40	2201064277	FEMALE	DEEKSHA ASIWAL	189
41	2201013788	MALE	BHAVUK GAHLOT	191

S.No.	Roll No.	GENDER	Name	Rank
42	2201048259	FEMALE	PALLAVI	194
43	2201059726	MALE	GANESH CHANDER JOSHI	198
44	2201059218	FEMALE	AAKRITI ARORA	203
45	2201054933	FEMALE	HIMANI	207
46	2201019967	MALE	SHANTNU GOPAL SHARMA	209
47	2201053255	MALE	VINAY RAWAT	210
48	2201021259	FEMALE	BHAVYA KAUSHIK	213
49	2201057741	FEMALE	GARIMA	214
50	2201066549	FEMALE	SAUMYA BISHT	219
51	2201050805	FEMALE	MANUJA RAWAT	224
52	2201012976	FEMALE	SAKSHI	225
53	2201045081	MALE	SHAHRUKH KHAN	227
54	2201043797	FEMALE	KAJAL MITTAL	228
55	2201018136	MALE	JAGJINDER SINGH	232
56	2201052169	MALE	GAURAV VERMA	235
57	2201055350	MALE	SHAZAAD ZAKIR	237
58	2201017047	FEMALE	NISHA JALAL	241
59	2201039712	FEMALE	CHETNA CHAUDHARY	249
60	2201013745	FEMALE	SANTOSH YADAV	254