

**GOVERNMENT OF RAJASTHAN  
DEPARTMENT OF PERSONNEL  
(A-Group-II)**

No.F. 2(1)DOP/A-II/2016

Jaipur, Dated: 13.03.2020

Instructions as to the Physical Examination of candidates for admission into various State Services under the Government of Rajasthan.

I. In supersession of previous instructions issued vide No. F. 15(1) DOP/ A-II/74 dated 01-01-1975, the Government is pleased to issue the following Instructions under rule 9 of the Rajasthan Service Rules and rule 14 of the Rajasthan Administrative Service Rules/ Rajasthan Police Service Rules /Rajasthan Accounts Service Rules and other relevant Rules of the various State Services for the physical fitness of candidates recruited to the service concerned.

II. These instructions are intended to provide guidelines to the Medical Examiners. A candidate who does not satisfy the minimum requirements prescribed in these instructions cannot be declared fit by the Medical Examiners. However, while holding that a candidate is not fit according to the norms laid down in these instructions it would be permissible for a Medical Board to recommend to the Government of Rajasthan for reasons specifically recorded in writing that he/she may be admitted to service without disadvantage to Government. If any doubt arises relating to the application and scope of these instructions it shall be referred to the Government in the Department of Personnel, whose decision thereon shall be final.

III. These Instructions are being published for the convenience of candidates and in order to enable them to ascertain the probability of their coming up to the required physical standard.

IV. The Government of Rajasthan, however, reserve to themselves, absolute discretion to reject or accept any candidate after considering the report of the Medical Board.

V. For the purpose of these Instructions the various State Services will generally be divided in two broad classes based on special physical requirements of the service concerned viz. (i) Technical Services and (ii) Non-Technical Services. Technical Services will be sub-divided into two groups. The division and grouping of various services will generally be as under, but Government may add new services to these classes or groups or may make such modifications or exceptions generally for special posts included in these services as may be considered necessary from time to time.

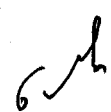
VI. Division and grouping of services:-

**I. Technical Services**

**Group A-** Requiring mostly special acuity of vision:-

(i) Engineering Services;

(ii) Medical Services;



This will include State Services, like Rajasthan Service of Engineers (Buildings and Roads Branch), The Rajasthan Service of Engineers (Irrigation Branch), The Rajasthan Service of Engineers (Public Health Branch), The Rajasthan Ground Water Service, The Rajasthan Mines and Geology Service, The Rajasthan Agriculture (Engineering) Service, The Rajasthan Medical and Health Service (including all Pathies) including Collegiate Branch, Animal Husbandry Services, and Rajasthan Town Planning Service.

**Group B-** Requiring mostly special physique:-

- (i) Rajasthan Police Service;
- (ii) Rajasthan Home Guards Service;
- (iii) Rajasthan Excise Service (Preventive Branch);
- (iv) Rajasthan Jails Service;
- (v) Rajasthan Forest Service;

**II. Non- Technical Services;**

- (i) Rajasthan Administrative Service;
- (ii) Rajasthan Accounts Service;
- (iii) Other State Services under the Rules making authority of the Governor under proviso to Article 309 of the Constitution;

VII. The Superintendent of the Hospitals attached to the Medical Colleges/Chief Medical and Health Officers shall be the authority to constitute the Medical Board under these instructions.

Before appointment to the services concerned, the candidates selected for various services by the commission must present themselves along with the selection/appointment letter and get themselves medically examined by Medical Board at the office of Chief Medical and Health Officer (CMHO) or hospitals that are attached to the Medical College, nearer to their residing place.

**INSTRUCTIONS**

1. To be passed as fit for appointment, a candidate must have sound health, physique, active habits, and free from any organic disease, bodily infirmity likely to interfere in the efficient and continuous performance of his/her duties.

2. (a) In the matter of the correlation of age, height and chest girth of candidates of India (including Anglo-Indian) race, it is left to the Medical Board to use whatever correlation figures are considered most suitable as a guide in the examination of the candidates. If there is any disproportion with regard to height, weight and chest girth, the candidate should be hospitalized for investigation and X- Ray of the chest taken before the candidate is declared fit or not fit by the Board.

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(b) However, for certain services the minimum standards for height and chest girth without which candidates cannot be accepted, are as follows:-

<i>Types of Services</i>	<i>Height in cm.</i>	<i>Chest Girth in fully expanded condition (In cm.)</i>	<i>Minimum Expansion (In cm.)</i>
<b>Technical Group-A</b>			
1- Engineering Services	150 cm. for men	84 cm. for men	5 cm. for men
2-Medical Services	140 cm. for Women	76 cm. for Women	3 cm. for Women
<b>Technical Group-B</b>			
1.Rajasthan Police Service (proviso to rule 14 of the RPS Rules 1954)	165 cm. for men	84 cm. for men	5 cm. for men
2.Rajasthan Excise (Preventive Branch) Service	150 cm. for Women	79 cm. for Women	5 cm. for Women
3.Rajasthan Home Guards Service			
4.Rajasthan Jail Service			
5.Rajasthan Forest Services	163 cm. for men 150 cm. for Women	84 cm. for men 79 cm. for Women	5 cm. for men 5 cm. for Women

The minimum height prescribed is relaxable in case of candidates belonging to races such as Gorkha, Garhwali, Assamese and Nagaland Tribal etc. whose average height is distinctly lower.

### 3. The candidate's height will be measured as follows:-

He/she will remove his/her shoes and be placed against the standard with his/her feet together and the weight thrown on the heels and not on the toes or other sides of the feet. He/she will stand erect without rigidity and with the heels, calves, buttocks and shoulders touching the standard, the chin will be depressed to bring the vertices of the head level under the horizontal bar, and height will be recorded in centimeters and parts of centimeter.

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#### **4. The candidate's chest will be measured as follows:-**

He/she will be made to stand erect with his/her feet together, and to raise his/her arms over his/her head. The tape will be so adjusted round the chest that its upper edge touches the inferior angles of the shoulder blades behind and lies in the same horizontal plane when the tape is taken round the chest. The arms will then be lowered to hang loosely by the side, and care will be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to take a deep inspiration several times and the maximum expansion of the chest will be carefully noted and the minimum and maximum will then be recorded in centimeters and parts of centimeter; viz. 84-89, 86-93 etc.

N.B: - The height and chest of the candidates should be measured twice before coming to the final decision.

#### **5. The candidate's weight will be measured as follows:-**

The candidate will also be weighed and his/her weight recorded in kilograms. Fractions of less than half of the kilogram should be rounded off to zero and more than half are to be rounded to one.

#### **6. The candidate's eye sight will be tested in accordance with the following rules:**

(a) The result of each test will be recorded.

(i) **General-** The candidate's eye will be submitted to a general examination directed at any disease or abnormality. The candidate will be rejected if he/she suffers from any morbid condition of the eye, eyelids or contagious structure of such a sort as to render or are likely at future date to render him unfit for services.

(ii) **Visual acuity-** The examination for determining the acuteness of vision includes two tests- one for distant and another for near vision. Each eye will be examined separately.

(b) There shall be no limit of maximum naked eye vision but the naked eye vision of the candidate shall, however, be recorded by the Medical Board or other authority in every case, as it will furnish the basic information in regard to the condition of the eye.

(c) The following standards are prescribed for distant and near vision with or without correction for different types of services:

**Table - Standards for distant vision & near vision for Class of services**

	<b>Technical Services (Group A and Group B)</b>		<b>Non-technical Services</b>	
	<i>Better eye (with or without correction)</i>	<i>Worse eye (with or without correction)</i>	<i>Better eye (with or without correction)</i>	<i>Worse eye (with or without correction)</i>
<b>Distant vision</b>	6/6	6/12	6/6	Subnormal or Nil
	6/9	6/9	6/9	6/12
<b>Near vision</b>	J1	J2	J1	Subnormal or Nil
	J1	J2	J2	J2
<b>Types of correction permitted</b>	<i>Spectacles, CL and Refractive Surgery* like Lasik, ICL, IOL, etc.</i>		<i>Spectacles, CL and Refractive Surgery* like, Lasik, ICL, IOL etc.</i>	
<b>Limits of refractive error permitted</b>	<p>No limit for myopia and hypermetropia.</p> <p>However the candidates who have myopia of more than 6.00 D including spherical &amp; cylindrical error should be referred to special Myopia Board. The Board will examine the candidate for degenerative changes in retina (indirect ophthalmoscopy as well as direct ophthalmoscopy) and if the macular area is healthy then the candidate should be declared fit. If the candidate is having only peripheral degenerative changes which can be treated then the candidate should be declared temporarily unfit till the candidate</p>		<p>No limit for myopia and hypermetropia.</p> <p>However the candidates who have myopia of more than 6.00 D including spherical &amp; cylindrical error should be referred to special Myopia Board. The Board will examine the candidate for degenerative changes in retina (indirect ophthalmoscopy as well as direct ophthalmoscopy) and if the macular area is healthy then the candidate should be declared fit. If the candidate is having only peripheral degenerative changes which can be treated then the candidate should be declared temporarily unfit till the</p>	

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	<p><i>gets treated. However, if degenerative changes are only in periphery and require no treatment then the candidate should be declared fit.</i></p> <p><i>The candidates who have myopia up to 6.00 D without any involvement of macular area of retina then these candidates are fit and those who have macular degenerative changes will be declared unfit.</i></p>	<p><i>candidate gets treated. However, if degenerative changes are only in periphery and require no treatment then the candidate should be declared fit.</i></p> <p><i>The candidates who have myopia up to 6.00 D without any involvement of macular area of retina then these candidates are fit and those who have macular degenerative changes will be declared unfit.</i></p>
<b>Binocular Vision needed</b>	Yes	No
<b>Squint</b>	Unfit (due to absence of binocular vision)	Fit

*\* To be referred to special ophthalmic board.*

(d) **Field of Vision:** - The field of vision shall be tested in respect of all services by the confrontation method. When such test gives unsatisfactory or doubtful results, the field of vision should be determined on the perimeter.

(e) **Night Blindness:** - If Night Blindness is detected on History and fundus examination in any candidate; he/she should be examined by the Special Ophthalmic Board. Conditions should be confirmed by Electoretinography (ERG). Night Blindness will be a ground for making a candidate "Unfit" for Technical Services.

Broadly there are two types of night blindness: (1) As a result of Vitamin A deficiency and (2) As a result of organic disease of retina common cause being retinitis pigmentosa. In (1), the fundus is normal, generally seen in younger age group and ill nourished persons and improves by large doses of Vitamin A. In (2), the fundus is often involved and mere fundus examination will reveal the condition in majority of cases. The patient in this category is an adult, and may not suffer from malnutrition, persons seeking employment for higher posts in the government will fall in this category. For both (1) and (2), dark adaptation test will reveal the condition or in (2), especially when fundus is not involved, Electoretinography is required to be done. Both these tests (Dark adaptation and Electoretinography) are time consuming and require specialized set up and equipments and thus, are not possible as a routine test in medical checkup.

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Because of these technical considerations, it is for the department to indicate if these tests for night blindness are required to be done. This will depend upon the job requirement and upon prospective government employee, and are required to be done, if indicated.

(f) **Colour vision:** - The testing of colour vision shall be essential in respect of all the services mentioned under the category TECHNICAL (Group A) and also for the services relating to public safety. As regards the non-technical services/posts, the department concerned will have to inform the Medical Board that the candidate is for a service requiring colour vision examination or not.

N.B:- Colour perception should be graded into a higher and lower grade depending upon the size of aperture in the lantern as described in the table below:-

<i>Grade</i>	<i>Higher grade colour perception</i>	<i>Lower grade colour perception</i>
<i>Distance between the lamp and the candidate</i>	<i>16 ft</i>	<i>16 ft</i>
<i>Size of aperture</i>	<i>1.3 mm</i>	<i>13 mm</i>
<i>Time of exposure</i>	<i>5 Second</i>	<i>5 Seconds</i>

For the services concerned with the safety of the public, higher grade of colour vision is essential but for others, lower grade of colour should be considered sufficient.

Satisfactory colour vision constitutes recognition with ease and without hesitation of signal red, signal green and white colour. The use of Ishihara's plates shown in good light is suitable. A lantern line (Edridge Green lantern test) shall be considered quite dependable for testing colour vision. Ishihara's test is sufficient in respect of the services concerned with road-traffic, while in respect of the services concerned with rail and air-traffic; it is essential to carry out the lantern test. In doubtful cases, testing with both the tests should be employed.

Note:- "**Public Safety Services**" means Services like Rajasthan Police Service, Rajasthan Excise (P.B) Service, Rajasthan Jails Service, Rajasthan Home Guards Service.

(g) Ocular conditions other than visual acuity:-

(i) Any Organic Disease or a Progressive refractive error, which is likely to result in lowering the visual acuity, should be considered disqualification.

(ii) **Squint-** for Technical Services Group "A" where the presence of binocular vision is essential. Squint, even if the visual acuity in each eye is of the prescribed standard, should be considered disqualification. This will also apply for services relating to public safety. For other services, the presence of squint should not be considered as a disqualification, if the visual acuity is of the prescribed standard.

(iii) If a person has only one eye or if he has one which has normal vision with or without correction & the other eye is amblyopic or subnormal or nil vision, the usual effect is that

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the person is lacking stereographic vision for perception of depth. Stereographic vision is not necessary for non- technical services.

The medical board may recommend as fit, such persons provided the normal eye has:

(1) 6/6 distant vision and J1 near vision with or without correction with glasses/contact lenses/ refractive surgeries like LASIK, ICL, IOL etc.

(2) Has full field of vision.

(3) Normal colour vision whenever required.

Provided the board is satisfied that the candidate can perform all the functions for the particular job in question.

The above relaxed standard of visual acuity will not apply to candidates for post/services classified as 'TECHNICAL'. The ministry/department concerned will have to inform the medical board that the candidate is for 'TECHNICAL' services or not.

### **Guide lines for Special Ophthalmic Board:-**

Special Ophthalmic Board for eye examination shall consist of 3 Ophthalmologists.

- (a) Cases where the Medical Board, has recorded visual function within normal prescribed limits but suspects a disease of progressive and organic nature, which is likely to cause damage to the visual function, should refer the candidate to a Special Ophthalmic board for opinion as part of the Medical Board procedure.
- (b) All cases of any type of surgery on eyes, IOL, refractive corneal surgery, doubtful cases of colour defect should be referred to Special Ophthalmic Board.
- (c) In such cases where a candidate is found to be having high myopia that is more than 6.00D, including spherical and cylindrical error, the Medical Board should immediately refer the candidates for a special board of three Senior Ophthalmologists.
- (d) The examination by the special board should preferably be done on the same day. Whenever it is not possible to convene the special board of three Ophthalmologists on the day of the medical examination by the Medical Board, the special board may be convened at an earliest possible date.
- (e) The special ophthalmic board may carry out detailed investigations before arriving at their decision.
- (f) The medical board's report may not be deemed as complete unless it includes the report of the special board for all such cases which are referred to it.
- (g) Guideline for reporting on border line unfit cases:

In border line case of substandard visual acuity, subnormal colour vision, the test will be repeated after 15 minutes by the Ophthalmologist and in case of any doubt the case may be referred to special ophthalmic board consisting of three ophthalmologists like high myopia board.

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**7. Blood pressure:** - The Board will use its discretion regarding Blood pressure. A rough method of calculating normal maximum systolic pressure in mm Hg is as follows:-

(i) With young subjects 15-25 years of age the average is above 100 plus the age.

(ii) With subject over 25 years of age the general rule of 110 plus half the age seems quite satisfactory.

**N.B.:-** As a general rule any systolic pressure over 140 mm Hg and diastolic over 90 mm Hg should be regarded as suspicious and the candidate should be hospitalized by the Board before giving their final opinion regarding the candidate's fitness or otherwise. The hospitalization report should indicate whether the rise in blood pressure is of a transient nature due to excitement etc. or whether it is due to any organic disease. In all such cases X-Ray and electro-cardiographic examinations of heart and blood urea clearance test should also be done as a routine. The final decision as to the fitness or other wise of the candidate will, however, rest with the Medical Board only.

**Method of Measuring Blood pressure:-**

The mercury manometer type of instrument should be used as a rule. The measurement should not be taken within fifteen minutes, of any exercise or excitement. Provided the patient and particularly his/her arm is relaxed, he/she may be either lying or sitting. The arm is supported comfortably at the patient's side in a more or less horizontal position. The arm should be freed from clothes to the shoulders, the cuff completely, deflated should be applied with the middle of the rubber over the inner side of the arm, and its lower edge an inch or two above the bend of the elbow. The turns of cloth bandage to follow should spread evenly over the bag to avoid bulging inflation.

The brachial artery is located by palpation and the bend of the elbow and the stethoscope is then applied lightly and centrally over it below, but not in contact with the cuff. The cuff is inflated to about 200 mm Hg and then slowly deflated. The level at which the column stands when soft successive sounds are heard represents the systolic pressure. When more air is allowed to escape the sounds will be heard to increase in intensity. The level at which the well heard clear sounds change to soft muffled fading sounds represents the diastolic pressure. The measurements should be taken in fairly brief period of time as prolonged pressure of the cuff is irritating to the patient and will vitiate the readings. Rechecking if necessary should be done only a few minutes after complete deflation of the cuff. Sometimes as the cuff is deflated, sounds are heard at a certain level; they may disappear as pressure falls and reappear at a still lower level. This 'Silent Gap' may cause error in readings.

**8. Urine Examination:** - The urine sample passed in the presence of the examiner should be examined and the results should be recorded. Where a Medical Board finds any significant abnormality in the urine examination report, the Board will proceed with the examination with its all aspects and will specially note any signs or symptoms suggestive of concerned disease. The candidate should be further investigated for the same.

**9. Blood Investigations:-** The blood sample for complete blood count should be taken in the presence of the examiner and results should be recorded. Where a Medical Board finds any

significant abnormality in the blood examination report, the Board will proceed with the examination with its all aspects and will specially note any signs or symptoms suggestive of concerned disease. The candidate should be further investigated for the same.

**10. For Female Candidates:-** A women candidate, who as a result of tests, is found to be pregnant, may be allowed to join her duties during pregnancy, on her specific request to that effect. Otherwise, such candidates, if they don't want to join their duties during pregnancy period, may be allowed extension in joining period up to nine months, on production of a medical certificate of a registered medical practitioner.

**11. Candidates hearing ability:-** (a) The candidate's hearing in each ear should be good and there should be no sign of disease of the ear. In case it is defective the candidate should be examined by the specialist; and if the defect in hearing is remediable by operation or by use of a hearing aid, a candidate cannot be declared unfit on that account, provided that he/she has no progressive disease in the ear. The following are the guidelines for the medical examiner in this regard:-

1.	<i>Marked or total deafness in one ear, other ear being normal.</i>	<i>Fit for non-technical jobs if the deafness is up to 30 Decibel in high frequency in better ear.</i>
2.	<i>Perceptive deafness in both ears in which some improvement is possible by a hearing aid</i>	<i>Fit in respect of both of technical and non-technical jobs if the deafness is up to 30 Decibel in speech frequencies or 1000-4000 Hz.</i>
3.	<i>Perforation of tympanic membrane central or marginal type.</i>	<p><i>(i) One ear normal, other ear perforation of tympanic membrane present- temporarily unfit. Under improved conditions of Ear Surgery a candidate with marginal or other perforation in both ears should be given a chance by declaring him temporarily unfit and then he may be considered under 4(ii) below.</i></p> <p><i>(ii) In candidates where Marginal or attic perforation is present in both ears if after operation hearing improves to serviceable level (upto 30 dB air conduction threshold in speech frequencies i.e. 1000-4000 Hz in the better ear with or without hearing aid) they should be declared "fit"</i></p> <p><i>(iii) Central perforation both ears- temporarily unfit.</i></p>
4.	<i>Ears with mastoid cavity subnormal hearing on one side/on both sides.</i>	<p><i>(i) Either ear normal hearing, other ear mastoid cavity. Fit for both technical and non-technical jobs.</i></p> <p><i>(ii) Candidate having Mastoid cavity in both sides having serviceable hearing even in one ear, with or</i></p>

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		<i>without hearing aid, should be declared "fit"</i>
5.	<i>Persistently discharging ear-operated/un-operated.</i>	<i>Temporarily unfit for both technical and non-technical jobs.</i>
6.	<i>Chronic inflammatory/allergic conditions of nose with or without bony deformities of nasal septum</i>	<i>(i) A decision will be taken as per circumstances of individual cases. (ii) If deviated nasal septum is present with symptoms- Temporarily unfit.</i>
7.	<i>Chronic inflammatory conditions of tonsils and/or Larynx.</i>	<i>(i) Chronic inflammatory conditions of tonsils and/or Larynx-Fit. (ii) Hoarseness of voice of severe degree if present then Temporarily unfit.</i>
8.	<i>Benign or locally Malignant tumours of the ENT</i>	<i>(i) Benign tumours- Fit. (ii) Malignant tumours- Unfit</i>
9.	<i>Otosclerosis</i>	<i>If the hearing is within 30 Decibels after operation or with the help of hearing aid-Fit.</i>
10.	<i>Congenital defects of ear, nose or throat</i>	<i>(i) If not interfering with functions-Fit. (ii) Stuttering of severe degree-Unfit.</i>
11.	<i>Nasal polyp</i>	<i>Fit/temporarily unfit A decision will be taken as per circumstances of individual cases</i>

(b) That his speech is without impediment.

**12. Screening of the chest X ray examination:-** Screening of Chest should be done by ordinary physical examination along with the skiagram as a routine in all the cases for detecting any abnormality of the heart and lungs.

When any defect is found it must be noted in the certificate and the medical examiner should state his/her opinion whether or not it is likely to interfere with the efficient performance of the duties which will be required of the candidate.

**13. Diabetes Mellitus:-** All candidates should be subjected to Fasting Blood Sugar after 8-10 hours/ overnight fasting to rule out presence of Diabetes mellitus. If a candidate is found to be having more than normal levels of Blood Glucose he/she will be subjected to following biochemical and radiological tests for evaluation of micro and macro vascular complications Diabetes Mellitus:

*Biochemical and radiological tests*

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- (a) Fasting blood sugar with 8-10 hours/overnight fasting and 2 hours Oral Glucose Tolerance Test (OGTT) after 75 gm of Glucose.
- (b) Haemogram
- (c) Lipid Profile
- (d) Renal Function Tests

*For Micro Vascular changes:*

- (a) Nephropathy - Microalbuminuria
- (b) Retinopathy - Fundus examination and if required Fundus Fluoroscein Angiography (FFA)
- (c) Neuropathy - On clinical examination
- (d) Ultra Sound whole abdomen - if required

*For Macro Vascular changes:*

- (a) ECG
- (b) Doppler for peripheral vascular diseases (Arterial)
- (c) TMT - if required
- (d) Echo - if required

*Candidate will be declared "Fit" only if he/she is free any complication of Diabetes Mellitus.*

#### **14. Guidelines for re-examination.-**

- (a) Appellate Medical Board (AMB) will comprise members who are higher in rank and position vis a vis those included in first Medical Board.
- (b) Candidates are warned that there is no right of appeal from a Medical Board/Special or standing appointed, to determine their fitness for the above service.

If however Government is satisfied on the evidence produced before them of the possibility of an error of judgment in the decision of the first Board it is open to Government to allow an appeal to a second board. Such evidence should be submitted within one month of the date of the communication in which the decision of the first Medical Board is communicated to the candidate, by the concerned appointing Department, otherwise no request for an appeal to a second Medical Board will be considered. If any medical certificate is produced by a candidate as a piece of evidence about the possibility of an error of judgment in the decision of the first Board, the certificate will not be taken into consideration unless it contains a note by Medical Practitioner concerned to the effect that it has been given in full knowledge of the fact that the candidate has already been rejected as unfit for service by the Medical Board.

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- (c) The procedure regarding filing an appeal, described in guidelines above is not applicable so far as the candidates for the combined competitive examination are concerned. The candidates for this examination will be required to deposit an appeal fee of Rs. 500/- in such manner as may be prescribed by the Government in this behalf by the Department of Personnel. This fee will be refundable only to those candidates who are declared fit by the Appellate Medical Board. The second medical examination by the Appellate Medical Board will be arranged at Jaipur only at candidate's own cost. No travelling allowance or daily allowance will be admissible for the journeys performed in connection with the second medical examination. Necessary action to arrange medical examination by the Appellate Medical Board will be taken by the Department of Personnel on receipts of appeals accompanied by the prescribed fees.
- (d) Where there are reasonable grounds to believe that Medical examination has not been properly conducted, the Government may order re-medical examination. Such re-medical examination can be conducted at any time but in no case later than 6 months after the first medical examination. No fee shall be charged from the candidate for such re-examination.

#### **15. Guidelines for candidates belonging to PH category.-**

Physical and mental standards essential for various posts in case of candidates with physical/mental infirmity are governed by the notifications of the State Govt.

- (i) The physical handicapped (P.H.) candidate should be examined by 3 members out of which one shall be specialist in the relevant field for assessing locomotor/cerebral palsy/visual/hearing disabilities as the case may be. A candidate would be eligible against services reserved for PH category who suffers permanently from not less than 40 percent of relevant disability. A candidate who wants to avail reservation in PH category would have to submit 'Disability Certificate' issued by a competent authority.
- (ii) Candidates holding a disability certificate issued by a competent authority would have to present themselves before the Medical Board for their medical examination for assessing disabilities. Medical Board should mention a brief description of category of disability, involved body parts and overall percentage of Disability in the certificate issued like locomotor/ cerebral palsy/ hearing/visual/multiple disabilities.

#### **16. Following Additional Points Should Be Observed:-**

- (a) That his/her teeth are in good order and that he is provided with dentures where necessary for effective mastication (well fitted teeth will be considered as sound).
- (b) That there is no evidence of any abdominal disease interfering with performing continuous effective services including life expectancy.
- (c) Disease such as hernia, hydrocele, varicose veins, piles etc. which can be cured by surgical means should be declared only 'temporary unfit' and should be declared 'fit' after successful surgery.
- (d) Grade -I Haemorrhoids should be declared 'fit'.

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- (e) That his/ her limbs, hands and feet are well formed and developed. The movement of all joints should be free and within the normal range; especially services where mostly special physique is required.
- (f) Absence of one testis in the scrotum should be declared 'fit' however possibility of un-descended testis is to be ruled out.
- (g) That he/she does not bear traces of acute or chronic disease pointing to an impaired constitution.
- (h) That he/she is free from communicable disease.
- (i) A candidate with varicose veins would be declared temporarily unfit for the technical services.
- (j) All candidates with malignancies detected at the time of entry into service should be declared 'unfit'.
- (k) All candidates having transplanted organs should be declared 'unfit' except corneal transplant.

### **17. Guidelines for Medical Board's Report**

The following intimation is made for the guidance of the Medical Examiners:-

1. The standard of physical fitness to be adopted should make due allowance for the age and length of service, if any, of the candidate concerned.
2. No person will be deemed qualified for admission to the Public Service who shall not satisfy Government, or the Appointing Authority, as the case may be, that he/she has no disease, constitutional affection, or bodily infirmity unfitting him/her, or likely to unfit him/her for that service.
3. It should be understood that the question of fitness involves the future as well as the present and that one of the main objects of medical examination is to secure continuous effective Service and in the case of candidates for permanent appointment to prevent early pension or payments in case of premature death. It is at the same time to be noted that the question is one of the likelihood of continuous effective service and the rejection of a candidate need not be advised on account of the presence of a defect which in only a small proportion of cases is found to interfere with continuous effective service.
4. The Board should normally consist of four members, (i) a physician (ii) a surgeon (iii) an ophthalmologist, and (iv) a doctor from forensic medicine/ medical jurist department, all of whom should as far as practicable, be of equal status. The board at its discretion may opt any other specialist doctor as per requirement. A lady doctor will be co-opted as a member of the Medical Board whenever a woman candidate is to be examined.
5. The report of the Medical Board should be treated as confidential.

6. In cases where a candidate is declared unfit for appointment in the Government service, the ground for rejection may be communicated to the appointing authority by the Medical Board in broad term without giving minute details regarding the defects pointed out.
7. In case where a Medical Board considers that a temporary deformity/abnormality/impairment/disease disqualifying a candidate for a Government service can be cured by Medical or Surgical treatment, a statement to that effect should be recorded by the Medical Board. There is no objection to candidate being informed of the Board's opinion to this effect by the appointing authority and when a cure has been effected it will be open to the authority concerned to ask for another Medical Board.
8. In the case of candidates having permanent minor deformity/abnormality/impairment/disease that cannot be cured by the treatment, where minimum standards are not prescribed should be considered fit for the service, if these do not interfere with job profile and continuous effective services including life expectancy. However, final decision will be open to appointing authority.
9. In the case of candidates who are to be declared 'Temporary Unfit' the period specified for re-examination should not ordinarily exceed six months at the maximum. On re-examination after the specified period these candidates should not be declared temporary unfit for a further period but a final decision in regard to their fitness for appointment or otherwise should be given.

**18. Candidate's Statement, Declaration & Format for Medical Board Report:**

**CANDIDATE'S STATEMENT AND DECLARATION**

The candidate must make the statement required below prior to his/her medical examination, and must sign the Declaration appended thereto. His attention is specially invited to the warning contained in Note below:-

*Declaration by Candidate*

1. Name in full (in block letters) .....
2. Date of birth, Age and birth place.....  
.....
3. Do you belong to races such as Gorkhas, Garhwali, Assamese, Nagaland and Tribal etc, whose average height is distinctly lower. Answer "Yes" or "No" and if the answer is "Yes" States the name of the race  
.....
4. (a) Have you ever suffered from hypertension, diabetes mellitus, Tuberculosis, HIV, any form of seizures / convulsions (fits) or prolonged breathlessness?  
YES / NO..... If answer to above is yes, give details  
.....
- (b) Have you undergone any prolonged illness or accident requiring hospitalization?  
YES / NO  
If Yes, give details.....

*GM*

5. When you were last vaccinated?  
.....
6. Any recent changes in weight? YES/ NO  
If answer to above is yes Best weight When ?
7. Have you suffered from any form of nervousness due to over work or any other cause?  
.....
8. Have you ever undergone any refractive / ocular surgery  
.....
9. Furnish the following particulars concerning your family.

Father's age if living and state of health	Father's age at death and cause of death	Number of brothers living, their ages and state of health	Number of brothers dead, their ages at, and cause of death
.....	.....	1.	1.
.....	.....	2.	2.
.....	.....	3.	3.
.....	.....	4.	4.
Mother's age if living and state of health	Mother's age at death and cause of death	Number of sisters living, their ages and state of health	Number of sisters dead, their ages at, and cause of death
.....	.....	1.	1.
.....	.....	2.	2.
.....	.....	3.	3.
.....	.....	4.	4.

10. Have you been examined by a Medical Board before?  
.....

If answer to the above is, 'yes',

- a. Please state what Service/Services you were examined for ?  
.....
- b. Who was the examining authority?  
.....
- c. When and where was the Medical Board held?  
.....
- d. Result of the Medical Board's examination, if communicated to you or if known  
.....

*The above all information, to the best of my knowledge and belief, are true and correct and shall be liable for action under any relevant law for the time being in force for any material infirmity in the information furnished by me or suppression of material information. The furnishing of false information or suppression of any factual information would be disqualification and is likely to render me unfit for employment under the government. If the facts that false information have been furnished*

6 m



or that there has been suppression of any factual information about any factual comes to notice at any time during my service, my services would be liable to the terminated.



Candidate's signature

.....  
(Name of candidate)

Signature of the candidate in my presence

.....

Signature of the Chairman of the Board

.....

Note:- The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information he/she will incur the risk of losing the appointment and, if appointed, of forfeiting all claim to Superannuation Allowance or Gratuity.

Report of the Medical Board on.....

### REPORT OF THE MEDICAL BOARD

#### PART- A:-

Identification details of the candidate

(1) Photograph of the candidate →

(2) Mark of identification :-

(i) .....

(ii).....

Passport size  
photograph of  
candidate duly  
attested by  
Chairman /  
Member of  
Medical Board

(3) Thumb impression of candidate



#### PART- B:-

##### PHYSICAL EXAMINATION

1. General development: Good.....Fair..... Poor .....

Nutrition: Thin .....Average.....Obese.....

Height (without shoes) .....cm Weight.....Kg.

6/5

Temperature.....°C

Girth of chest:- (i) (After full inspiration).....cm.

(ii) (After full expiration).....cm

2. Skin: Any obvious disease.....

3. Eyes:

(i) Any disease .....

(ii) Night blindness: .....

(iii) Defect in colour vision: .....

(iv) Field of vision: .....

(v) Visual Acuity: .....

(vi) Fundus Examination.....

(vii) Any refractive surgery done and when.....

(1) Acuity of vision		(2) Naked eye vision	(3) Vision glasses With	(4) Strength of glasses (Spherical/Cylindrical/Axis)
Distant Vision	R.E.			
	L.E.			
Near Vision	R.E.			
	L.E.			

4. Ears: Inspection.....  
Hearing: Right ear..... Left ear.....

5. Glands.....Thyroid.....

6. Condition of teeth.....

7. Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs: If yes, explain fully.....  
.....

8. Circulatory system:

Gwh

- (a) Heart: Any organic lesions.....  
 Rate: Standing.....  
 After hopping 25 times.....  
 Two minutes after hopping.....
- (b) Blood pressure: Systolic ..... mm Hg Diastolic..... mm Hg

9. Abdomen: Girth.....Tenderness.....Hernia.....  
 (a) Palpable: Liver.....Spleen.....Kidneys.....Tumors.....  
 (b) Hemorrhoids.....Fistula.....

10. Nervous system: Indications of nervous or mental disabilities.....  
 .....

11. Locomotor system: Any abnormality.....

12. Genito-urinary system:

Any evidence of Hydrocele, Varicocele etc (for Males).....

Date of L.M.P. (for females) .....

Pelvic examination (for married females) .....

13. INVESTIGATIONS :

(i) Chest X-Ray Examination .....

(ii) Blood Sugar Fasting .....

(iii) Complete Blood Count (CBC)

(a) Hb .....

(b) TRBC .....

(c) TLC .....

(d) Platelet count .....

(e) Any other .....

(iv) Urine Analysis

(a) Physical appearance ..... (b) Specific Gravity .....

(c) Albumin ..... (d) Sugar .....

(e) Casts ..... (f) Cells .....

14. Is there anything in the health of the candidate likely to render him/her unfit for the efficient discharge of his/her duties in the service for which he/she is a candidate?

.....

*Gwh*

.....  
Note: - In the case of a female candidate, if it is found that she is pregnant and who wants to join their duty within their pregnancy period may be allowed to join their duty, vide Regulation 9

**PART - C :-**

Recommendation of the Board:-

- (i) State Services for which the candidate has been examined: -
- a. Rajasthan Administrative Service.
  - b. Rajasthan Police Service.
  - c. Rajasthan Forest Service
  - d. Other State Services
- (ii) Has he/she been found qualified in all respects for the efficient and continuous discharge of his/her duties in
- (a) Rajasthan Administrative Service.
  - (b) Rajasthan Police Service (See especially height, chest girth, eyesight, colour blindness and Locomotive system)
  - (c) Other State Services.
  - (d) Rajasthan Forest Service.
- (iii) Is the candidate fit for FIELD SERVICE .....

Note: - The Board should record their findings under one of the following three categories:-

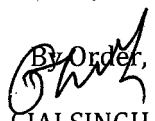
- (i) Fit.....
- (ii) Unfit on account of.....
- (iii) Temporary unfit on account of.....

Chairman  
(Name & Designation)

Member  
(Name & Designation)

Member  
(Name & Designation)

Member  
(Name & Designation)

By Order,  
  
(JAI SINGH)  
Deputy Secretary to the Government.

22/2020