

MEDICAL BOARD REPORT FORMAT FOR CMSE- 2024 (PART-1)

(To be filled in Triplicate)

Name of Railway Hospital.....Place.....

Roll No..... IRHS Rank No.....

Proof of Govt. ID viz. Aadhar/Driving license /PAN etc.
Govt ID to be pasted here

Photograph of candidate to be affixed/pasted
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(a) Candidate’s statement and declaration.

Candidate must make the statement required below in his/her own hand writing prior to his Medical Examination and must sign the declaration ‘appended thereto’. Their attention is specially directed to the warning contained in the Para 08 below:-

1. Name in full (in block letters) :  
.....

3(c). Whether undergone any eye related procedure/ surgery (including Radial Keratotomy / Lasik/ Excimer etc.) at any time. If yes, details thereof :

2(a). Age :      Date of Birth:      Place of Birth: .....  
.....

3(d). Please indicate power of glass (If applicable)  
In diopters.....  
Distance Vision.....Near Vision.....  
(Attach prescription if available).

2(b). Do you belong to races such as Gorkhas, Garhwalis, Assamese, Nagaland Tribalsetc, whose average height is distinctly lower? Answer ‘Yes’ or ‘No’ and if the answer is ‘Yes’ state the name of the tribe race:  
.....

3(e) (i) whether PwBD candidate - Yes/No  
(ii) Mention Sub-category of Disability .....  
(ex. OL, OA, BL, etc.)

3(a). Have you ever had small-pox intermittent or any fever, enlargement or suppuration of glands, spitting of Blood, asthma, heart diseases, lung disease, fainting attacks, rheumatism, appendicitis :  
.....  
.....

4. Have you suffered from any form of nervousness due to overwork or any other causes  
.....  
.....

Or  
3(b). Any other disease or accident requiring confinement to bed and medical or surgical treatment :  
.....  
.....

5. Have you been allotted to any service/posts on the basis of previous years exams? If yes, give details thereof  
.....

Have you joined the said service/ post.....

5.1 **Are you enrolled for a PG course?** If yes, give details thereof:

.....

Date of Commencement of Course.....Date of Completion of Course.....

6.Furnish the following particulars concerning your family:-

Father’s age, if living & state of health	Father’s age at death & cause of death	No. of brothers living, their ages & state of health	No. of brothers dead, their ages & cause of death	Mother’s age , if living & state of health	Mother’s age at death & cause of death	No. of sisters living, their ages & state of health	No. of sisters dead, their ages & cause of death
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Present Address .....

.....

Mobile No..... Email ID .....

Mobile No. of Father/Guardian.....Whatsapp No. ....

Identification marks .....

7.Details of medical examination conducted before, if any:-

- (a) Place & Date of Medical Board .....
- (b) Service(s)/Post(s) for which examined and year of Examination .....
- (c) Result of Medical Board Examination if communicated or known. ....

8. All the above answers are to the best of my knowledge & belief, true and correct and I shall be liable for action under law for any material infirmity in the information furnished by me or suppression of relevant material information. The furnishing of false information or suppression of any factual information would be a disqualification and is likely to render me unfit for employment under the Government. I am fully aware of the provisions of CMSE-2024 Rules. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during my service, my services would be liable to be terminated.

Candidate’s Signature

Signed in my presence  
Signature of the Chairperson of the Board  
with date and stamp of the Board

.....

(To be filled in Triplicate)

Name of Railway Hospital.....Place.....

Roll No..... IRHS Rank No.....Signature of candidate.....

(b) Report of the Medical Board on (name of candidate)

.....

(Examiner to write and not merely Tick the correct choice)

Physical examination

1. General development: (Good/Fair/Poor)

.....

Nutrition (Thin/Average/Obese) .....

Height (without shoes) .....Cms.

Weight .....kg

Temperature..... ° C

Girth of chest :-

(i) (After full inspiration) .....Cms

(ii) (After full expiration).....Cms

2. Skin - Any obvious disease .....

.....

3. Eyes

i. Any disease .....

.....

ii. Night Blindness .....

.....

iii. Colour vision (Higher Grade/Lower Grade)

iv. Field of vision

.....

.....Method.....

v. Binocular vision .....

.....

vi. Fundus Examination .....

.....

vii. Visual Acuity

Acuity of vision	Naked eye	With glasses	Strength of glasses		
			Spherical	Cylindrical	Axis
Distant Vision R.E. L.E.					
Near Vision R.E. L.E.					
Hypermetropia (Manifest) R.E. L.E.					

MEDICAL BOARD REPORT FORMAT FOR CMSE- 2024 **PART-2**

(To be filled in Triplicate)

Name of Railway Hospital.....Place.....

Name:-.....Roll No.....IRHS Rank No.....

4. Ears: Inspection .....	9.(b) Haemorrhoids .....
Hearing ..... Right Ear .....	Fistula .....
Left Ear .....	Nervous System: Indications of nervous or mental disabilities .....
5. Glands ..... Thyroid .....	.....
6.Condition of teeth & gums .....	(a) Motor .....
7.Respiratory System: Does physical examination reveal anything abnormal in the respiratory organs? .....	(b) Sensory.....
.....	Loco-Motor System: Any abnormality .....
If yes, explain fully .....	.....
.....	12(A) Genito Urinary System : Any evidence of Hydrocele, Varicocele etc. ....
8.Circulatory system:	Urine analysis (Lab. No... )
(a) Heart: Any organic lesions?	(a)Physical Appearance .....
Rate ...../Minutes	.....
Standing...../Minutes	(b) Sp. Gravity .....
After hopping 25 times...../Minutes	(c) Albumin .....
Two minutes after hopping...../Minutes	(d) Sugar .....
(b)Blood Pressure: Systolic..... mm of Hg	(e) Casts.....
Diastolic... ..mm of Hg	(f) Cells.....
9. Abdomen: Girth..... Cms	12(B) *Gynae Examination (for female candidates only) .....
(explain if any finding) .....	.....
Hernia .....	.....
(a) Palpable:	
Liver ..... Spleen .....	
Kidneys .....	
Any Mass (explain).....	
.....	

Sig. of Doctor

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

NOTE: \*In the case of a female candidate, if it is found that she is pregnant, she should be declared temporarily unfit, vide Regulation as per notification.

MEDICAL BOARD REPORT FORMAT FOR CMSE- 2024 **PART-2**

(To be filled in Triplicate)

Name of Railway Hospital.....Place.....

Name:-.....Roll No.....IRHS Rank No.....

15. Services for which the candidate has been found qualified for the efficient and continuous discharge of duties may please be indicated clearly by √ and services/posts for which he /she is considered unfit if any may also please be indicated clearly by × :-

- i) Indian Railway Health Service (ADMO)
- ii) Central Health Service (Junior Scale Posts)
- iii) New Delhi Municipal Council (GDMO)
- iv) Municipal Corporation of Delhi (GDMO Gr.II)

Is the candidate fit for field service? .....

**NOTE : The Board should record their findings strictly in the following certificate**

**CERTIFICATE**

Shri....., Roll No.....a candidate of CMSE-2024) who has appeared for his first medical examination/re-examination..... (date) is found to be

- (i) Fit ..... (pl ensure this matches
- (ii) Unfit on account of ..... with findings of Column
- (iii)Temporarily unfit on account of ..... 14 at page 3

(iv) In case of PwBD please mention the category/sub-category of disability i.e OA, OL, BL, etc. (please refer Appendix- III of CMSE Rules 2024 published by M/o Health & Family Welfare in the Gazette of India on 10<sup>th</sup> April 2024 available on the official website [egazette.gov.in](http://egazette.gov.in) and ensure PwBD candidates meet with Functional Classification and Physical Requirements for identified services)

\_\_\_\_\_

Sign. of Member  
with stamp(containing name)  
**If co-opted**

Sign. of Member  
with stamp(containing name)

Sign. of Member  
with stamp(containing name)

Date:

Sign. of Chairperson  
with stamp (containing name)

MEDICAL BOARD REPORT FORMAT FOR CMSE- 2024 PART-2

(To be filled in Triplicate)

Name of Railway Hospital.....Place.....

Name:-.....Roll No.....IRHS Rank No.....

I. Technical Services or posts requiring Higher Grade Colour Perception:-

- i) Indian Railway Health Service (ADMO)

II. Technical Services or posts requiring Lower Grade Colour Perception:-  
(or Defective Higher Grade Colour Perception – DHGCP)

- (i) Central Health Service (Junior Scale Posts)
- (ii) New Delhi Municipal Council (GDMO)
- (iii) Municipal Corporation of Delhi (GDMO Gr.II)

Sign. of Member  
with stamp  
(containing name)  
**If co-opted**

Sign. of Member  
with stamp  
(containing name)

Sign. of Member  
with stamp  
(containing name)

Sign. of Chairperson  
with stamp  
(containing name)

SPECIAL OPHTHALMIC MEDICAL BOARD REPORT FORMAT FOR CMSE- 2024

PART-3 (To be filled in Triplicate)

Name of Railway Hospital.....Place.....

Roll No..... IRHS Rank No.....Sign of candidate.....

(c) Report of the Special Ophthalmic Medical Board of (name of candidate)

.....

1. Eyes

i. Any disease .....

.....

.....

iii. Colour vision (Higher Grade/Lower Grade) , Please attach Ishihara Test chart separately

iv. Field of vision .....

.....Method.....

v. Binocular vision .....

vi. Fundus Examination .....

.....

vii. Please indicate whether Myopia is Pathological OR Non-Pathological

viii. In case of Myopia being Non-Pathological, the candidate may be declared fit provided he/she fulfills the visual Requirements otherwise as per CMSE Rules **pasted backside of this format.**

ix. Visual Acuity

Acuity of vision	Naked eye	With glasses	Strength of glasses		
			Spherical	Cylindrical	Axis
Distant Vision R.E. L.E.					
Near Vision R.E. L.E.					
Hypermetropia R.E. (Manifest) L.E					

x. Please indicate whether he/she is fit for IRHS; \_\_\_\_\_

xi.If unfit for IRHS please indicate fitness for other services viz. CHS, NDMC, MCD\_\_\_\_\_

Sign. of Member  
with stamp(containing name)  
**Ophthalmologist**

Sign. of Member  
with stamp(containing name)  
**Ophthalmologist**

Sign. of Chairperson  
with stamp(containing name)  
**Ophthalmologist**

Regulations relating to the physical/medical examination of candidates contained in Appendix-III of CMSE-2024 published by M/o Health & Family Welfare in the Gazette of India on 10<sup>th</sup> April 2024 available on the official website [egazette.gov.in](http://egazette.gov.in) for guidance.

Class of Service

Indian Railway Health Service (Technical)			Service other than IRHS(Technical)		
Better eye		Worse eye	Better eye (corrected vision)		Worse eye
1	2	3	4	5	6
1. Distant Vision	6/6 or 6/9	6/9 or 6/12	6/6 or 6/9	6/12, 6/18 or Nil	
2. Near Vision	J1	J2	J1 J2	J2,J3 or Nil	
3. Type of Correction Permitted	Spectacles , IOL/corneal surgeries viz. (LASIK, excimer surgeries etc.) may be permitted. Vision should be stable and should come up to the required standard. Ophthalmic Board to clear fitness.			Spectacles, IOL LASIK laser surgery	
4. Limits of refractive error permitted	±4.00D In case where power of lens is >-4D, a special ophthalmic Medical Board to clear the case ruling out Pathological Myopia			Fundus is normal and without pathological Myopia	
5. Colour vision Requirements	Higher grade colour perception (Ishihara test EGL—1.3 mm aperture)			Low Grade Colour vision is acceptable.	
6. Whether binocular vision needed?	Binocular vision is necessary in case of squint. In deserving cases, a special Ophthalmic Medical Board to clear cases on case-to-case basis.			No	

(d)(i) In respect of the Technical Services mentioned above and any other service concerned with the safety of public the total amount of Myopia(including the cylinder) shall not exceed -4.00 D total amount of Hypermetropia (including the cylinder) shall not exceed +4.00 D:

Provided that in case a candidate in respect of the “Technical” services is found unfit on ground of high myopia, the matter shall be referred to a Special Board of three ophthalmologists to declare whether this myopia is pathological or not **in case it is not pathological, the candidate shall be declared fit provided he/she fulfils the visual requirements otherwise.**

(ii) In every case of myopia, fundus examination should be carried out and the results recorded. In the event of pathological condition being present which is likely to be progressive and affect the efficiency of the candidate, he/she should be declared unfit.



**FORM OF CERTIFICATE TO BE PRODUCED BY PERSONS WITH  
BENCHMARK DISABILITY (PwBD) CANDIDATES**

1. Dr. .... Regn No. .... have examined Shri/Miss/Mrs. .... whose particulars are given below and hereby certify that she/he is a permanent physically handicapped person of the following category which is covered by the Rules of the combined, civil, medical, IFS, ISS, Services Examination etc.

- i. One leg affected (right or left)
- ii. One leg and partial arm affected (right or left)
- iii. Both legs affected but not arms
- iv. One leg or arm affected.
- v. Deaf/partially Deaf
- vi. Blind/partial blind.

(Delete the category whichever is not applicable)

2. The percentage of disability in his/her case is 40% (FORTY PERCENT).

3. Shri/Miss/Mrs. .... meets the following physical requirement for discharge of his/her duties.

- |      |    |   |  |
|------|----|---|--|
| (1)  | MF | – | Work performed by manipulating (With Fingers). |
| (2)  | PP | – | Work performed by pulling and pushing.         |
| (3)  | L  | – | Work performed by lifting.                     |
| (4)  | KC | – | Work performed by kneeling and crouching.      |
| (5)  | BN | – | Work performed by bending.                     |
| (6)  | S  | – | Work performed by sitting (on bench or chair). |
| (7)  | ST | – | Work performed by standing.                    |
| (8)  | W  | – | Work performed by walking.                     |
| (9)  | SE | – | Work performed by seeing.                      |
| (10) | H  | – | Work performed by hearing/speaking.            |
| (11) | RW | – | Work performed by reading and writing.         |
| (12) | C  | – | Communication                                  |

(Delete whichever is not applicable)

4. Shri/Miss/Mrs. .... does not suffer from any other disease (communicable or otherwise) constitutional weakness of bodily infirmity that may interfere with the efficient discharge of this duties as an officer under the Government of India.

- (1) Name of Candidate .....
- (2) Father’s Name .....
- (3) Identification Mark .....
- (4) Gender .....
- (5) Age .....

Signature of Surgeon/Medical Officer

Designation .....

Office Stamp.....

.....  
Signature of Candidate

Address.....

**Note:**

- 1. The disability certificate should be issued by a Government Hospital/Medical Board.
- 2. For being valid, such a certificate should not be more than three year old.

