

**Medical Examination of Candidates to Non-gazetted Railway Service i.e. Railway Apprenticeship**  
**under Medical Category B-1, C-1**  
**(As per Indian Railway Medical Manual Vol.I ChapterV)**

**Considered Under:**

**I. GENERAL PHYSICAL EXAMINATION:**

1.	Whether the candidate is having good physical and mental health?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Whether the candidate is free from Heart & Lung diseases?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Whether the teeth and gums are normal?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Whether the candidate is free from abdominal diseases?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Whether the candidate is free from communicable diseases?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the candidate have suspected renal disease or diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Whether the candidate is having infective conditions and other disorders?	<input type="checkbox"/>	<input type="checkbox"/>
	a) Pulmonary Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
	b) Venerereal infection	<input type="checkbox"/>	<input type="checkbox"/>
	c) Trachoma	<input type="checkbox"/>	<input type="checkbox"/>
	d) Leprosy	<input type="checkbox"/>	<input type="checkbox"/>
8.	Whether the candidate is having –		
	a) Hernia	<input type="checkbox"/>	<input type="checkbox"/>
	b) Hydrocele	<input type="checkbox"/>	<input type="checkbox"/>
	c) Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>
	d) Piles	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, whether surgically treated for the above	<input type="checkbox"/>	<input type="checkbox"/>
9.	Whether the candidate is having		
	a) Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
	b) Asthma	<input type="checkbox"/>	<input type="checkbox"/>
10.	Whether the candidate is having Invertebrate Skin Diseases?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Whether the candidate is having Chronic Constitutional and Progressive Disorders?	<input type="checkbox"/>	<input type="checkbox"/>
12.	<b><u>Hearing:</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
	a) Whether hearing is good at 6 Mts. Distance?	<input type="checkbox"/>	<input type="checkbox"/>
	b) Is he/she using hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>

13. **Speech:**

Whether the candidate is having stammering?

Yes	No
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14. Whether the candidate is having

a) Flat foot

Yes	No
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b) Knock knees

Yes	No
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II. **VISION:**

a) Distant Vision:

Rt. Eye (Tick correct vision)

6/6	6/9	6/12	6/18	6/24
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With or without glasses.

Lt Eye (Tick correct vision)

6/6	6/9	6/12	6/18	6/24
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With or without glasses.

Near Vision:

c) Rt. Eye – N/6	Yes	No
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With or without glasses.

d) Lt. Eye – N/6	Yes	No
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With or without glasses.

If No, what is the near vision ?

e) Color Perception	Yes	No
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f) Night blindness	Yes	No
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g) Binocular Vision	Yes	No
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h) Using contact lenses	Yes	No
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i) If power of lens >4D:

1) Is he examined by Eye Specialist	Yes	No
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2) Is there a progressive eye disease	Yes	No
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III. Women Candidate – Pregnant	Yes	No
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**NOTE:** Any doubtful, ambiguous Fit Certificate issued by Non-Railway doctors, the same will be subjected to scrutiny by Railway Medical Authorities, if Railway Administration desires.

**Signature of the Medical Authority**

**Name** : \_\_\_\_\_

**Place:**

**Designation** : \_\_\_\_\_

**Date:**

**Seal:**

## **SUMMARY**

**If the answer to any of the questions (I) (1 to 6) is “No” and (I) (7 to 11) is “Yes” – Unfit in all categories. Candidate will not be considered.**

If answer to all above questions is ‘Yes’ then

If answer to I) 12 a) is Yes

and

Answer to I)14 a, I)14 b is No

and

II) a, b is 6/6 or 6/9, 6/12

and

II) c, d is Yes

and

II) e is Yes and

II) f is No and

II) g is Yes and

II) h is No, then he will be considered in B-1.

**If candidate answers to question nos. (I) (1 to 6) is ‘Yes’ and (I) (7 to 11) is ‘No’ and does not fall into conditions mentioned for B-1 then candidate will be considered as C-1.**