Annexure III
Specimen Copy

WUS HEALTH CENTRE, UNIVERSITY OF DELHI
DELHI-110007.

APPLICATION FOR MEDICAL EXAMINATION FOR FRESH/ RE-EMPLOYMENT

The following documents/test reports are being submitted for medical examination:

1. Chest X-ray- PA
2. Recent E.C.G. with Report
4. Fundoscopy Report
5. Urine/R/M E
6. Blood Sugar Fasting/ P.P
7. Hb
8. Gynecology Report (female candidates)
9. Copy of the offer letter for Employment/ Re-employment

Note: Tests to be performed at any Government or University Approved Hospital or Diagnostic Centre.

(To be filled by the Candidate)

   (in block letters)
4. Date of Birth................................5. College/Institution........................................
6. Designation................................7. Department...................................................
10. Immunity Status- When last immunized against:

Typhoid ........................................ Hepatitis-B.................................
Any other...........................................................

11. History of any major illness, surgery, prolonged hospitalization and nervous disorder:

12. Allergy if any................................................

13. Any other information about your health........................................

14. Residence Address with Land Line/ Mobile Phone numbers ................................................
................................................................................

SIGNATURE

Cont-2
FINAL MEDICAL REPORT

Name ........................................... Date of Examination .........................

GENERAL EXAMINATION:
1. Age per Service Record ...................... 2. Build: Thin/Medium/ Heavy ..............
3. Comment on Vision (As per report submitted) ..............................................
4. Comment on E.N.T. (As per report submitted) ...........................................
7. Comment on E.C.G. (As per report submitted) ............................................
8. Comment on X-ray Chest (As per report submitted) ...................................
9. Comment on Gynaec/Obstetric (As per report submitted) (For Females) .......
10. Comment on Lab. (As per report submitted):
    Urine: R/M/E ......................................................
    Blood: Hb .............................................. Sugar F/PP .................................... Gms%
11. Report on status of Liver/Spleen/Kidneys ..............................................
12. Glandular defects (if any) .................................................................
13. Report on motility of Bones/Joints/Muscles ...........................................
15. Any special observation: .................................................................

Remarks of Examining Medical Officer: ......................................................

Signature of Medical Officer

Countersigned
CHIEF MEDICAL OFFICER