

On request of Home Deptt, the Health & FW Deptt. have directed the CDMOs of the districts to conduct medical check-up/ examination of the successful candidates selected for appointment of ASOs from 22<sup>nd</sup> June to 29<sup>th</sup> June 2019. The candidates are requested to contact the CDMO concerned.

Contact in following nos. if any query in-between 10 A.M to 5 P.M in working days.

1. Officer No.- 0674-2393417
2. Joint Secretary-9437478373
3. Deputy Secretary-7077164038



GOVERNMENT OF ODISHA  
HEALTH & FAMILY WELFARE DEPARTMENT

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File No. HFW-MSI-ESTT-0075-2019 14719 /H. Dated. 19.06.2019

From

Sarat Chandra Mishra,  
Special Secretary to Government

To

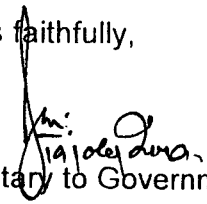
All the Chief District Medical & Public Health Officers

**Sub: Medical Examination of the candidates selected for appointment to the post of Assistant Section Officer in Group-B of Odisha State Secretariat Service- Advt. No. 10 of 2018-19 of OPSC, Cuttack..**

Sir,

In enclosing herewith a copy of the letter No. 23914 dated-19.06.2019 received from Home Department, I am directed to request you to make necessary arrangement for conducting the medical check up / examination of the candidates who have been selected for the post of ASO in the Secretariat as per enclosed format from 22.06.2019 to 29.06.2019 during 10.30 AM to 05.30 PM at District Headquarter Hospitals and furnish required medical fitness certificate in favour of the candidates in the enclosed prescribed format alongwith the examination/ test report .

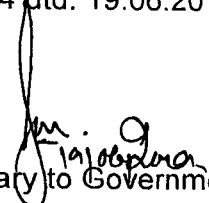
Yours faithfully,

  
Special Secretary to Government

Memo. No. 14720 /H

Dated. 19.06.2019

Copy forwarded to Special Secretary to Govt., Home Department for information and necessary action with reference to his letter No. 23914 dtd. 19.06.2019.

  
Special Secretary to Government

Medical Examination of the Candidates selected for the Post of Assistant Section  
Officer in Group-B of Odisha Secretariat Services

Government of Odisha

<b>Examination to be done at OPDs</b>	
1. Medicine	1. Height
2. Surgery	2. Weight
3. EYE	3. Chest
a. VA	4. Inspiration Expansion
b. Colour Vision	5. BP/ PULSE
4. ENT	
5. O& G (in case of female )	
<b>Investigation to be done</b>	
1. Hb %	
2. FBS	
3. Urine	
a. Routine	
b. Microscopic	
4. HBS Ag	
5. X ray Chest	
6. Blood	
a. Grouping	
b. RH Typing	

**MEDICAL FITNESS CERTIFICATE**

(For new job)

I do hereby certify that I have examined one Sri /Smt/ Ku.  
.....son /daughter /wife of  
Sri..... resident of  
..... a candidate for  
employment in the ..... Department and cannot discover  
that he has any disease, constitutional affection or bodily infirmity except  
..... I consider / do not consider this a  
disqualification for employment in the Office of  
.....

His/her age according to his own statement is .....  
years and by appearance is about .....years.

Mark of Identification: 1.  
2.

Full Signature of candidate attested

Date:  
Place:

Full Signature of AMA  
Date/ Seal /Regn. No

**DECLARATION BY CANDIDATE**

I.....a candidate for employment in the  
..... Department of the Government of Odisha  
hereby declare that I have not at any time been pronounced unfit for Government employment  
by any Medical Board of Odisha or any other constituted Medical Authority.

Date:  
Place:

Full Signature of the Candidate