

FORM - 4

MEDICAL EXAMINATION BY

THE.....

(Here enter the medical authority)

[see Rules 6(1), 20(3), 25(1), (2) and (3), 26(3), 27(1) and (3), 28(2), 30(1) and 31(2)]

PART-I

PART I

The applicant must complete this statement prior to his examination by the..... (Here enter the medical authority) and must sign the declaration appended thereto in the presence of that authority.

1. Name of the applicant (in Block letters)
2. Date of birth (by Christian era)
3. Place of birth
4. Particulars regarding parents, brothers and sisters -

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 death and cause of death	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 death and cause of death

5. Have you ever been examined -
 - (a) for Life Insurance, or/and
 - (b) by any Government Medical Officer or State Medical Board
 If so, state details and with what results

6. Have you been granted or considered for grant of invalid pension? If so, state the ground thereof
7. Have you ever been granted leave on medical certificate during the last five years? If so, state periods of leave and nature of illness
8. Have you ever -
 - (a) had smallpox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, pleurisy, heart disease, fainting attacks, rheumatism,

- appendicitis, epilepsy, insanity or other nervous disease, discharge from or other disease of the ear, syphilis or gonorrhoea ; or
 (b) had any other disease or injury which required confinement to bed, or medical or surgical treatment ; or
 (c) undergone any surgical operation ; or
 (d) suffered from any illness, wound or injury sustained while on active service
 (e) presence of albumin or sugar in urine
 9. Present state of health -
 (a) Have you a hernia?
 (b) Have you varicocele, varicose veins or piles?
 (c) Is your vision in each eye good (with or without glasses)?
 (d) If your hearing in each ear good?
 (e) Have you any congenital or acquired malformation, defect or deformity?
 (f) Have you lost or gained weight markedly during the last three years?
 (g) Have you been under treatment of any doctor within the last three months and nature of illness for which such treatment was taken?

Declaration by Applicant

(To be signed in the presence of the medical authority)

I declare all the above answers to be, to the best of my belief, true and correct.

I am fully aware that by willfully making a false statement or concealing a relevant fact I shall incur the risk of losing the commutation I have applied for and of having my pension withheld or withdrawn under Rule 8 of the Central Civil Services (Pension) Rules, 1972.

Applicant's signature or thumb-impression
in case of illiterate applicant

Signed in the presence of.....
(Signature and designation of medical authority)

PART- II

(To be filled in by the examining medical authority)

1. Apparent age
2. Height
3. Weight
4. Describe any scars or identifying marks of the applicant

- | | | | | |
|--|-----|-----|-----|-----|
| 5. Pulse rate - | | | | |
| (a) Sitting | ... | ... | ... | ... |
| (b) Standing | ... | ... | ... | ... |
| What is the character of pulse? | ... | ... | ... | ... |
| 6. Blood pressure - | | | | |
| (a) Systolic | ... | ... | ... | ... |
| (b) Diastolic | ... | ... | ... | ... |
| 7. Is there any evidence of disease of the main organs - | | | | |
| (a) Heart | ... | ... | ... | ... |
| (b) Lungs | ... | ... | ... | ... |
| (c) Liver | ... | ... | ... | ... |
| (d) Spleen | ... | ... | ... | ... |
| (e) Kidney | ... | ... | ... | ... |
| 8. Investigations - | | | | |
| (i) Urine | ... | ... | ... | ... |
| (State specific gravity) | | | | |
| (ii) Blood | ... | ... | ... | ... |
| (iii) X-Ray Chest | ... | ... | ... | ... |
| (iv) ECG | ... | ... | ... | ... |
| 9. Has the applicant a hernia? | ... | ... | ... | ... |
| (If so, state the kind and if reducible) | | | | |
| 10. Any additional finding | ... | ... | ... | ... |

PART- III

(To be filled in by the examining medical authority)

I/We have carefully examined Shri/Shrimati/Kumari.....and am/are of opinion that -

He/She is in good bodily health and has the prospect of an average duration of life.

Or

He/She is not in good bodily health and is not a fit subject for commutation.

Or

Although he/she is suffering from.....he/she is considered a fit subject for commutation but his/her age for the purpose of commutation, i.e., the age next birthday should be taken to be.....(in words) years more than his/her actual age.

Station :

Signature and
designation of
examining medical
authority

Date :