

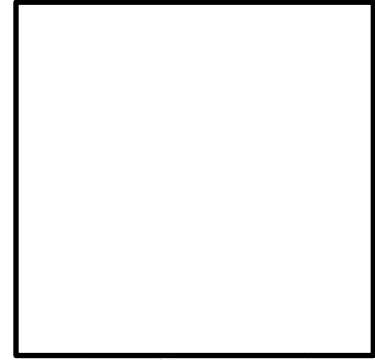
**BEML LIMITED**  
**MEDICAL EXAMINATION FORMAT**  
*(Female Candidates)*



**PART-1 STATEMENT OF THE CANDIDATE**

(A) Full name and permanent address (Block Letters)

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.....  
.....



Please affix passport size  
photograph with doctors  
attestation.

Date of Birth: .....

Aadhar Number .....

(Please enclose copy of the same)

(B) Are you having or had earlier, any of the following health problem if so, please tick as appropriate and give details Including results of treatment where applicable in space below this section.

1. Serious Accidentals	Yes/No	12. Br. Asthma	Yes/No
2. Major Operation/s	Yes/No	13. Acidity/Peptic Ulcer	Yes/No
3. Any Allergic Diseases	Yes/No	14. High Blood Pressure	Yes/No
4. Any Cancer	Yes/No	15. Varicose Veins	Yes/No
5. Any Bleeding Disorder	Yes/No	16. Epilepsy (Fits)	Yes/No
6. Psychiatric Illness	Yes/No	17. Chronic Joint Pains	Yes/No
7. Tuberculosis	Yes/No	18. Chronic Eye Disease	Yes/No
8. Leprosy	Yes/No	19. Chronic ENT Disease	Yes/No
9. Rheumatic Fever	Yes/No	20. Covid infection	Yes/No
10. Diabetes	Yes/No	21. Covid Hospitalisation	Yes/No
11. Chronic Skin Disease	Yes/No		

(C) If a known Hypertensive (suffering from high BP) or Diabetic-Should indicate what regular medicines you are consuming.

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(D) History of Cardiac illness

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(E) History of Covid illness

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.....  
.....

The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information material to this statement, the candidate will thereby incur risk of cancellation of appointment.

(SIGNATURE OF THE CANDIDATE)

Date: .....



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7. X-Ray Chest.....
8. ECG.....
9. Tread Mill Test (>40 yrs).....
10. Glycosylated Haemoglobin (HbA1c) in case of known diabetic on treatment.....
11. Ultrasound Scan: Abdomen/Pelvis.....
12. Any other investigations as desired by Medical Doctor.....

**Note: All test reports to be enclosed.**

**PART-III REPORT**

**Date:** .....

I have examined today Shri.....and found him to be Medically: (i) Fit..... (ii) Un-Fit due to.....

Applicant's  
Signature with date.

Medical Doctor's  
Signature, Seal with date.

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Please send this duly filled in Medical Examination Form along with all the medical test reports, copy of Aadhar etc by Speedpost/ Courier to the following address marking as (Medical Reports) :

**Manager (Recruitment),  
BEML Limited,  
BEML Soudha,  
23/1, 4<sup>th</sup> Main, S R Nagar,  
Bengaluru 560 027.**

for co-ordination of Chief Medical Officer, BEML Limited, Bangalore.

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**Coordination by CMO, BEML Limited, Bangalore :**

I have examined the reports of Shri .....and found him to be Medically: (i) Fit..... (ii) Un-Fit due to.....

Chief Medical Officer  
Signature, Seal with date.