

BEML LIMITED
MEDICAL EXAMINATION FORMAT
(Female Candidates)



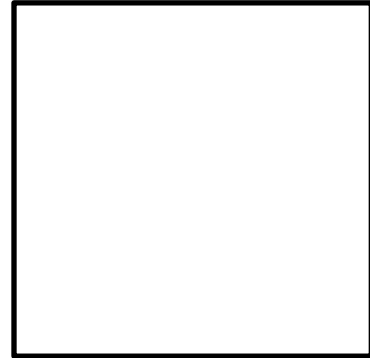
PART-1 STATEMENT OF THE CANDIDATE

Advertisement No.: KP/S/____/20____

Position: _____

(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.

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|--------------------------|--------|---------------------------|--------|
| 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. Reg.No :Phone.No :
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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, 4th Main, S R Nagar,
Bengaluru 560 027.**

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

Coordination by CMO, BEML Limited, Bangalore :

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

Remarks (if any)
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Chief Medical Officer
Signature, Seal with date.