BEML LIMITED

MEDICAL EXAMINATION FORMAT (Male Candidates)



PART-1 STATEMENT OF THE CANDIDATE

(A) Full name and permanent address (Block Letters)								
• • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •					
Doto	of Dinth.							
Date	of Birth:							
Aadhar Number(Please enclose copy of the same)					Please affix passport size photograph with doctors attestation.			
(B) A	Are you having or had earlier, a	ny of the following	ng healt	h problem if so, plea	se tick as appropriate and give			
	s Including results of treatment v		_					
1.	Serious Accidentals	Yes/No	12.	Br. Asthma	Yes/No			
2.	Major Operation/s	Yes/No	13.	Acidity/Peptic Ulce	er Yes/No			
3.	Any Allergic Diseases	Yes/No	14.	High Blood Pressur	e 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 Diseas	se Yes/No			
8.	Leprosy	Yes/No	19.	Chronic ENT Disea	se Yes/No			
9.	Rheumatic Fever	Yes/No	20.	Covid infection	Yes/No			
10.	Diabetes	Yes/No	21.	Covid Hospitalisati	on Yes/No			
11.	Chronic Skin Disease	Yes/No						
	a known Hypertensive (suffering iming.	g from high BP) o	r Diabet	ic-Should indicate wh	nat regular medicines you are			
	istory of Cardiac illness							
(E) Hi	story of Covid illness							
	candidate will be held responsi							
infor	mation material to this statement.	, the candidate wi	ll thereb	y incur risk of cancell	lation of appointment.			
Date:				(SIGNATURE OF THE	CANDIDATE)			

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PART-II MEDICAL	EXAMINATION	Ī		Date:			
AgeYears.			Sex				
Name			Identification Mar	·ks			
Height	Cms. Weight	Kgs	(1)	(2)			
Chest Inspiration	Cms	Expiration	Cms	ExpansionCms			
(a) Vision Acuity		Without glasses	With glasses	s Power of glasses			
(I) Distant	Rt. Eye:						
	Lt. Eye:						
(II) Near	Rt. Eye:						
	Lt. Eye:						
Fundoscopy (>40 yrs.).							
Note: Those who are u Ophthalmologist.	sing glasses to cor	rect refractive error sho	ould produce a late	est prescription from			
(b) Colour Vision:		Inflammatory Ey	e Diseases	Chronic Eye Diseases			
Skin		Chest-Lungs					
Teeth and Gums		Heart Sounds		. Murmurs			
ENT: Hearing	/infections	Ultrasound scan	Ultrasound scan of Abdomen & Pelvis				
Neck Glands Lyı	mph Nodes	Liver	LiverSpleen				
Neck Veins		Kidneys	He	rnia			
Thyroid		Genitals					
Nails		Limbs: Upper	Lower	Varicose Veins			
Oedema		Nervous System	/Psychiatric Disea	ses			
Pulse		B.P	mm of Hg	Back & Spine			
LMP							
(c) Investigations:							
1. Complete Blood Cou	nt						
2.Blood grouping, RH T	yping						
3.FBS PB	S	Serum Creatinine					
4. TSH							
5. Urine: Alb	Sugar	Micro					
6 Linid profile(>40 yrs)	1						

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7. X-Ray Chest								
8. ECG								
9. Tread Mill Test (>40 yrs)								
								11.Ultrasound Scan: Abdomen/Pelvis
12. Any other investigations as desired by Medi	ical 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	licant's Medical Doctor's - Signature & Seal with date.							
Signature with date.	Reg.No:Phone.No:							
Please send this duly filled in Medical Examinat by Speedpost/ Courier to the following address	ion Form along with all the medical test reports, copy of Aadhar etc marking as (Medical Reports) :							
Manager (Recruitment),								
BEML Limited,								
BEML Soudha, 23/1, 4 th Main, S R Nagar,								
Bengaluru 560 027.								
for co-ordination of Chief Medical Officer, BEML Limited, Bangalore.								
Coordination by CMO, BEML Limited, Bangalo	re :							
I have examined the reports of Shri	and							
-	(ii) Un-Fit due to							
Remarks (if any)								
Remarks (if any)								
	Chief Marking Officer							
	Signature, Seal with date.							