



रेलवे भर्ती बोर्ड, बिलासपुर  
RAILWAY RECRUITMENT BOARD, BILASPUR  
भारत सरकार : रेल मंत्रालय  
Govt. of India (Ministry of Railways)  
Phone: 07752-417742, Fax: 07752-417742



क्रमांक: रेभबो/बिलासपुर/01-2019/चिकित्सा/अनफिट

दिनांक:

07.03.2023

**केंद्रीयकृत रोजगार सूचना संख्या - 01/2019 (एनटीपीसी) के लेवल-5 की कोटि संख्या 3, 4, 5 एवं 6 के पदों हेतु रेलवे चिकित्सालयों के द्वारा उम्मीदवारों के चिकित्सा परीक्षण के उपरांत विभिन्न चिकित्सा श्रेणी / श्रेणियों में फिट / अनफिट घोषित किए गए उम्मीदवारों की सूची एवं पुनः चिकित्सा जाँच हेतु अपील के लिए अवसर प्रदान करने की सूचना**

रेलवे भर्ती बोर्ड बिलासपुर के द्वारा केंद्रीयकृत रोजगार सूचना संख्या 01/2019 (एनटीपीसी) के लेवल-5 एवं लेवल 3 के पदों हेतु रेलवे भर्ती बोर्ड बिलासपुर के द्वारा दिनांक 13.02.2017 से 17.02.2023 एवं दिनांक 20.02.2023 को उम्मीदवारों के दस्तावेज सत्यापन करने के उपरांत उन्हें निर्धारित चिकित्सा श्रेणी/श्रेणियों में चिकित्सा परीक्षण के लिए मंडल चिकित्सालयों में भेजा गया था। मंडल चिकित्सालयों के द्वारा उम्मीदवारों हेतु निर्धारित चिकित्सा श्रेणी / श्रेणियों का प्रकाशन उम्मीदवारों की जानकारी के लिए प्रकाशित किया जा रहा है:-

**Level-5**

RollNo	Medical Fitness
301191120204781	A2
301191120245475	A2
301191130171184	A2
301191130213428	A3
301191130346357	A2
301191150156235	A2
301191150236170	A2
301191150241619	A2
301191150363380	A3
301191150367060	A2
301191160217497	A2
301191160279108	A2
301191170194712	A3
301191170318147	A2
301191170375424	A2
301191190232428	A2
301191190273918	A2
301191190365739	A2
301191230164634	A2
301191260262365	A2
301191260308357	A2
301191260367119	A2
301191270349614	A2

301191270382264	A3
301191280153399	A2
301191300021377	A3
301191300024567	A2
301191300030879	B2
301191300079023	A2
301191300096492	A2
301191300135652	A2
301191300351644	A2
301191310378025	A2
301191310382331	A2
301192150225504	A2
301192150324885	A2
301192170237497	Discharged
301192170376240	A2
301192220229186	A3
301192300029637	A3
301192300091410	A3
301192300172052	B2
301192300200458	A2
301192300260941	A3
301192300269487	A2
301192300300214	A2
301193150094846	A2
301193270299046	A3
301194120233868	A2
301194120248989	A2
301194120334451	A2
301194130239086	A2
301194130343782	A2
301194130371615	A2
301194150068176	A3
301194150214205	A3
301194150219796	A2
301194150221757	PwBD-OL
301194150246773	A2
301194150330509	A2
301194150338926	A2
301194150340215	B2
301194150361072	A2
301194160351805	B1
301194170364764	A2
301194190374893	A2
301194260181340	A2
301194260367716	A2
301194260380577	A2

301194270121450	A2
301194270237711	A2
301194270257979	A2
301194270336645	Absent in Medical
301194270377734	A2
301194300007140	A2
301194300046894	A2
301194300048596	A3
301194300068026	A2
301194300174501	PwBD-VI/B
301194300304396	A3
301194310378093	A2
301195130097327	A2
301195130129082	A2
301195130221723	A2
301195130374284	A3
301195150076132	A2
301195150086531	A3
301195150108531	A2
301195150126451	A3
301195150136213	A2
301195170369481	A2
301195190367801	A3
301195240106153	A2
301195250372772	A2
301195270104860	A2
301195270300754	A3
301195270349990	A2
301195270359308	A2
301195270377869	A2
301195270380707	A3
301195300128416	A2
301195310378358	A3

**Level-3**

<b>RollNo</b>	<b>Medical Fitness</b>
301191140149329	B2
301191150156311	B2
301191150224937	B2
301191150365389	B2
301191160148352	B2
301191160309074	B2
301191260260969	B2
301191260365169	B2
301191270215957	B2
301191300019141	B2

301191300030098	B2
301191300050275	B2
301191300063356	B2
301191300083499	B2
301191300101155	PwBD/Hi-D
301191300111277	PwBD/Hi-D
301191300115499	B2
301191300138394	B2
301192150146351	B2
301192150219522	B2
301192150346618	B2
301192150349146	B2
301192270355572	B2
301192300016357	B2
301192300036611	B2
301192300081243	B2
301192300087705	B2
301192300258055	B2
301192300272921	B2
301193120254956	B2
301193120327181	B2
301193270155835	B2
301193300049424	B2
301193300121071	B2
301194150269864	B2
301194150316298	B2
301194150360549	B2
301194160230137	B2
301194160240306	B2
301194160307123	B2
301194160322514	B2
301194170193088	PwBD/LD-OA
301194190364639	B2
301194270299839	B2
301194270331820	B2
301194280183133	B2
301194280202268	B2
301194280207483	B2
301194300010662	B2
301194300020725	B2
301194300021317	B2
301194300021426	B2
301194300027979	B2
301194300150765	PwBD/OA
301194300231133	B2
301194300292944	B2

301194300354322	B2
301195120107529	B2
301195150086388	B2
301195190113157	B2
301195220378134	B2
301195220380604	A2
301195260368191	Absent in Medical
301195270380412	B2
301195300087262	B2

उपरोक्त सूची के अंतर्गत सम्मिलित जिन उम्मीदवारों को मेडिकल कैटेगरी B2 में फिट पाया गया है वे उम्मीदवार A2 चिकित्सा श्रेणी में अनफिट हैं। इसी तरह जो उम्मीदवार C2 में फिट पाये गए हैं वे उम्मीदवार A2 एवं B2 चिकित्सा श्रेणी में अनफिट हैं। अतः यदि उम्मीदवार इस मेडिकल श्रेणी के विरुद्ध अपील करना चाहते हैं तब वे Annexure-I एवं Annexure-II में निर्दिष्ट प्रारूप में दिनांक 06.04.2023 तक रेलवे भर्ती बोर्ड बिलासपुर कार्यालय में अपना आवेदन प्रस्तुत कर सकते हैं।

उपरोक्त सूची के अंतर्गत सम्मिलित ऐसे उम्मीदवार जो चिकित्सा परीक्षण हेतु अनुपस्थित रहे या जिन्हें चिकित्सा परीक्षण से डिस्चार्ज किया गया है, वे अपील प्रस्तुत करने के लिए पात्र नहीं हैं।

अपील हेतु प्राप्त मामले में प्रधान मुख्य चिकित्सा निदेशक , दक्षिण पूर्व मध्य रेलवे , बिलासपुर की सहमति के आधार पर उम्मीदवार की पुनः जाँच के लिए एक चिकित्सा बोर्ड के माध्यम से चिकित्सा जाँच का प्रावधान किया जाएगा।

प्रधान मुख्य चिकित्सा निदेशक , दक्षिण पूर्व मध्य रेलवे , बिलासपुर के द्वारा पुनः चिकित्सा जांच हेतु अनुमत उम्मीदवारों को चिकित्सा परीक्षण में भेजे जाने के लिए प्रधान वित्त सलाहकार / दक्षिण पूर्व मध्य रेलवे/ बिलासपुर ( PFA/SECR/Bilaspur) के पक्ष में ( in favour of) बिलासपुर में देय (Payable at Bilaspur) रुपये 1000/- का डिमाँड ड्राफ्ट प्रस्तुत करना होगा।

**कृते अध्यक्ष**  
**रेलवे भर्ती बोर्ड/बिलासपुर**

**Format of Intimation Letter**

**( To be used while intimating the medically unfit candidates )**

To

Shri/Smt/Ku .....  
.....  
.....  
.....  
.....

Sub: Medically unfit for posting in Group 'C' category in Railway as  
.....

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You are hereby informed that you have been found unfit in ..... in medical examination and further examined by a 3 member medical Board of Railway due to ..... for which standard is set by the Indian Railway, hence, no further appeal shall normally lie with any higher authority. (Authority: Railway Board's letter No.2014/H/5/8(Policy) dated 31.12.2015, Estt. Rule No.31/2016).

**However,**

- a) Once, the 03 member Board has taken a decision (on the grounds of hypertension, sub-standard vision and defective colour perception, diabetes), any representation/appeal shall be dealt with on the basis of the records and findings of the Committee and the candidate will not be subject to re-examination.
- b) Only in specific and exceptional cases in which there is an objective record of an X-ray finding, ECG record, Echo or a permanent defect/deformity, you can appeal to PCMD/South East Central Railway/Bilaspur through the undersigned for re-examination **within one month** of the date of communication alongwith investigation reports and fitness certificate from a Govt./Private doctor having specialty in the concerned field in which you have been found unfit, in the proforma attached herewith.

For appeal to PCMD, you will, however, be required to pay charges of Rs.1000/- through DD in case of appeal application is accepted by PCMD.

**NOTE:-** *The appeal must be submitted in the format i.e. Annexure-I duly signed by the candidate, however, this format and Annexure-II should be submitted to the office of Chairman, Railway Recruitment Board, Bilaspur.*

**Encl:-** Proforma of Application (Annexure-I) & Medical Certificate (Annexure-II).

**Appeal for Remedical Examination against CEN No. 01/2019 (NTPC)**

To  
The Principal Chief Medical Director,  
South East Central Railway,  
BILASPUR (C.G.) - 495004

**( Through Chairman/RRB/Bilaspur )**

Sub: Appeal for remedical examination for Level-6, 5 & Level-3 Posts of CEN No. 01/2019 (NTPC) against unfitness declared by divisional Railway hospitals for posting in Group 'C' category in Railway.

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Respected sir,

I, Shri/Smt./Ku. .... S/W/D of Shri ..... Roll No..... have attended document verification at Railway Recruitment Board, Bilaspur on .... / ..... / 2023 for various posts of Level-6 against CEN No. 01/2019 (NTPC) and subsequently sent for medical examination at divisional Railway hospital at Bilaspur/Raipur/Nagpur on .... / ..... / 2022.

I have been declared unfit in ..... medical standard(s) by the concerned Railway hospital due to ..... I am aware that I have been further examined/not examined by a 3 member medical Board of Railway, hence, no further appeal shall normally lie with any higher authority.

I am hereby submitting appeal against my unfitness in the prescribed format and humbly request to consider my appeal and give an opportunity for remedical examination please for which I shall be obliged.

I will submit the requisite charges of remedical examination i.e. Rs.1000/- through DD at the time of sending me for remedical examination at Railway Recruitment Board, Bilaspur.

**Encl:-** Medical Certificate (Annexure-II).

Place:.....

Date: .....

Name & Signature,  
Roll Number & Address  
Contact details.....

**Proforma of Medical Certificate**

**(To be filled by Government / Private Specialist Doctor)**

Name of the candidate Shri/Smt/Ku .....  
S/o/D/o/W/o .....(Father's name).  
Medical examination done for the post of medical category .....  
Post .....

**I hereby certify that:-**

- The medical examination certificate has been given with full knowledge of the fact that the candidate has already been rejected as Unfit for service by the medical authority appointed by the Government in this behalf.
- Shri/Smt/Ku ..... S/o, D/o, W/o Shri..... has been examined by me personally after verification of photograph, signature and identification marks.
- The necessary investigations done are of same person, the reports of which are enclosed alongwith my opinion.
- + The candidate has been tested for vision by Landolt's split rings mounted as per Indian Railways guidelines.

(+ struck out if not applicable)

**Note:-** If the candidate is made unfit due to defective vision, his/her vision is to be tested by Landolt's split rings mounted which is as per Indian Railways guidelines.

**Opinion of the certifying doctor:-**

Candidate's recent photograph with signature of the candidate half on photo and half on outside.

Signature of the candidate .....

Identification marks:-

- 1.....
- 2.....

Signature of the certifying Doctor  
Name of the doctor .....  
Specialty .....  
Registration Number .....  
Date of issue .....  
Place of issue .....