रेलवे भर्ती बोर्ड, बिलासपुर

RAILWAY RECRUITMENT BOARD, BILASPUR

भारत सरकार (रेल मंत्रालय)

Govt. of India (Ministry of Railways)

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क्रमांक: रेभबो/बिलासपुर/01-2024/चिकित्सा/अनफिट/ दिनांक: 31.01.2026

केंद्रीयकृत रोज़गार सूचना संख्या - 01/2024 (एएलपी) लेवल-2 के पदों हेतु रेलवे चिकित्सालयों के द्वारा निर्धारित चिकित्सा श्रेणी (A-1) मे अनफ़िट घोषित किए गए उम्मीदवारों की सूची एवं पुन: चिकित्सा जाँच हेतु अपील के लिए अवसर प्रदान करने की सूचना

रेलवे भर्ती बोर्ड बिलासपुर के द्वारा केंद्रीयकृत रोज़गार सूचना संख्या 01/2024 (एएलपी) लेवल-2 के पदों हेतु उम्मीदवारों के दस्तावेज़ सत्यापन उपरांत उन्हें निर्धारित चिकित्सा श्रेणी (A-1) में चिकित्सा परीक्षण के लिए मंडल चिकित्सालयों में भेजा गया था निर्धारित चिकित्सा मानक अर्थात A-1 के लिए अनफ़िट घोषित किए गए उम्मीदवारों की सूची प्रकाशित की जारी है।

Roll Number	Roll Number	Roll Number	Roll Number	Roll Number
301241120065527	301244120060884	301244170172452	301244250042758	301244270215416
301241120157075	301244120074344	301244170176902	301244250062498	301244300003416
301241120259076	301244120109586	301244170207082	301244250091350	301244300007790
301241130120549	301244120196946	301244170236320	301244250101164	301244300012984
301241130125834	301244120239371	301244170238780	301244250169600	301244300016588
301241130130159	301244130040001	301244170241765	301244260005963	301244300028100
301241130188047	301244130056951	301244170259134	301244260007854	301244300044645
301241130210304	301244130059364	301244190000839	301244260013730	301244300108402
301241150015745	301244130098838	301244190020865	301244260015567	301244300120486
301241150190110	301244130108647	301244190023047	301244260023811	301244300171840
301241150224306	301244130128770	301244190026613	301244260062070	301244300201889
301241170003058	301244130144008	301244190064978	301244260107679	301244300210988
301241170172511	301244130163769	301244190081247	301244260107788	301244300241217
301241190019939	301244130172705	301244190098168	301244260111117	301244300252244
301241190089485	301244130179079	301244190100189	301244260129747	301244310029798
301241190264315	301244130187469	301244190104544	301244260140538	301244310069044
301241220012913	301244130249563	301244190106759	301244260142676	301244310078233
301241220066647	301244130257554	301244190109527	301244260150226	301244310113311
301241220136887	301244130263629	301244190124598	301244260171917	301244310116312
301241250020256	301244130264976	301244190146317	301244260178410	301244310122403
301241260062258	301244150007066	301244190148282	301244260185440	301244310158111
301241260106225	301244150009373	301244190169404	301244260188854	301244310160433
301241280031186	301244150029856	301244190170499	301244260193429	301244310216777
301241300068749	301244150034426	301244190171149	301244260197745	301244310250405
301241300117450	301244150038891	301244190174629	301244260200675	301244310261861
301241300124477	301244150059092	301244190178180	301244260210798	301245130028929
301241300156208	301244150064108	301244190182127	301244260219854	301245130114173
301241300172380	301244150069066	301244190198497	301244260222762	301245130218587
301241300183387	301244150076527	301244190202553	301244260233345	301245150092920

301241300200217	301244150153022	301244190204293	301244260237315	301245170049018
301242130082736	301244150154920	301244190215670	301244260243819	301245170118835
301242130115926	301244150156919	301244190232488	301244260248244	301245170125708
301242130123737	301244150185432	301244190240539	301244260259660	301245190051327
301242130200515	301244150227300	301244190251771	301244260260822	301245190140982
301242130200680	301244150232569	301244220066837	301244270019266	301245190219238
301242170066853	301244150257704	301244220141043	301244270077145	301245220002654
301242170145730	301244150262786	301244220161961	301244270106209	301245220191799
301242170225606	301244160098404	301244220202612	301244270122837	301245260059736
301242190043786	301244170009110	301244220229875	301244270130228	301245270017689
301242240055737	301244170038661	301244230015986	301244270173889	301245270183249
301242240147620	301244170099445	301244230021498	301244270177674	301245270193182
301242300211226	301244170108288	301244230068414	301244270184472	301245300190801
301243130176706	301244170111115	301244230090449	301244270186012	301245300208321
301243190257701	301244170139297	301244230157834	301244270208683	301245310074531

कुल – 220 (दो सौ बीस)

उपर्युक्त सूची में उल्लिखित उम्मीदवारों को A-1 चिकित्सा श्रेणी के अंतर्गत चिकित्सा परीक्षण के लिए भेजा गया था। अतः उपर्युक्त सूची में सम्मिलित उम्मीदवार यदि पुनर्चिकित्सा परीक्षण हेतु अपील करने के इच्छुक हैं, तो वे **Annexure-I** एवं **Annexure-II** में निर्दिष्ट प्रारूप में **दिनांक 03.03.2026 तक** रेलवे भर्ती बोर्ड बिलासपुर कार्यालय में अपना आवेदन प्रस्तुत कर सकते हैं।

अपील हेतु प्राप्त मामले में प्रधान मुख्य चिकित्सा निदेशक, दक्षिण पूर्व मध्य रेलवे, बिलासपुर की सहमति के आधार पर उम्मीदवार की पुन: 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 पुन: चिकित्सा जाँच हेतु अनुमत उम्मीदवारों को चिकित्सा परीक्षण में भेजे जाने के पूर्व प्रधान वित्त सलाहकार / दक्षिण पूर्व मध्य रेलवे/ बिलासपुर (PFA/SECR/Bilaspur) के पक्ष में (in favour of) बिलासपुर में देय (Payable at Bilaspur) **रुपए 1000/-** का डिमांड ड्राफ्ट प्रस्तुत करना होगा।

अध्यक्ष
रेलवे भर्ती बोर्ड/बिलासपुर

Annexure-I

Appeal for Remedical Examination against CEN No. 01/2024 (ALP)

To

The Principal Chief Medical Director,

South East Central Railway,

BILASPUR (C.G.) - 495004

(Through Chairman/RRB/Bilaspur)

Sub: Appeal for remedical examination for various level posts of CEN No. 01/2024 (ALP) 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 ...../...../..... for various posts of Level-2 against CEN No. 01/2024 (ALP) and subsequently sent for medical examination at divisional Railway hospital at Bilaspur/Raipur/Nagpur on ...../...../.....

I have been declared unfit in **A-1** medical standard 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 opportutniy for remedical examination please for which I shall be obliged.

I will submit the requisite charges of remedical examiantion 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.....

Annexure-II

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 rigns 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 .....
Stamp of the certifying Doctor .....