



नर्मदा नियंत्रण प्राधिकरण

(जल संसाधन, नदी विकास एवं गंगा संरक्षण मंत्रालय, भारत सरकार)

NARMADA CONTROL AUTHORITY

(Ministry of Water Resources, River Development & Ganga Rejuvenation, Govt. of India)



No.NCA/EM/PPS/APAR/2018/ 323.

11th May, 2018

Office Memorandum

Sub: Introduction of Annual Medical Examination for the Group 'A' Officers of Central Civil Services/posts of age 40 Years and above.

In accordance with the DoPT's O.M. No.21011/1/2009-Estt.(A) Part, dated 01st February, 2012, all Group 'A' Officers of the age of 40 Years and above have been covered by the Annual Medical Check-Up Scheme with the following package rates;

1. Annual Medical Examination of Men Officers : Rs. 2,000/-
2. Annual Medical Examination of Women Officers : Rs. 2,200/-

Accordingly, all Group 'A' Officers of NCA of the age of 40 years and above may get medically examined themselves as per the regime of medical tests given in Annex-I from any of the empanelled Hospitals under CGHS and/or approved by NCA in the respective areas. On medical examination, the concerned Officer may retain his/her complete Medical Investigation Report with him/her and only summary of Medical Report, as per Annex-II, separately prepared and issued by the Medical Officer/Authority be sent to P.S. to Executive Member & Custodian of APARs, NCA, Indore to attach with his/her APAR for the Year 2017-18 before 31st May, 2018. The expenses, as per packages, mentioned above or actual whichever is less will be reimbursed on production of the bill to that effect.

This issues with the approval of Executive Member, NCA.


(Ranvir R Dumne) 11.5.18..
P.S. to Executive Member &
Custodian of APARs

Encl: As above.

To
All Group 'A' Officers of NCA of the age of 40 Years & above.

Copy to:

1. PS/PA to Member (E&R)/ Member (Power)/ Member (Civil), NCA
2. Deputy Director (Admin), NCA
3. Finance Officer, NCA
4. APARO, NCA for uploading on the NCA's Website.

नर्मदा सदन, सेक्टर-बी, स्कीम नं. 74 सी,
विजय नगर, इन्दौर-452 010 मध्यप्रदेश

Narmada Sadan, Sector-B,
Scheme No. 74-C, Vijay Nagar,
Indore-452 010 (M.P.), INDIA



स्वच्छ सुरक्षित जल-सुन्दर खुशहाल कल
CONSERVE WATER - SAVE LIFE

Executive Member: 0731-2557276; Fax 2559888
Member (Civil) Telefax : 0731-2553344
Member (Power) Telefax : 0731-2551144
Member (Env. & Reh.) Telefax : 0731-2554333
Secretary : 0731-2554477 Fax : 0731-2553469
Director (Civil) Telefax : 0731-2575749
Website : nca.gov.in

ANNEXURE-I

- 3 -

INVESTIGATION REPORTS**Tests for Group 'A' Officers**

1.	<u>Heamogram</u> (i) Haemoglobin (ii) TLC (iii) DLC (a) Polymorphs (b) Lymphocytes (c) Eosinophils (d) Basophils (e) Monocytes (iv) Peripheral Smear
2.	<u>Urine Examination</u> (i) Colour (ii) Albumin (iii) Sugar (iv) Microscopic Ezam.
3.	<u>Blood Sugar</u> (i) Fasting (ii) Post-Prandial
4.	<u>Lipid Profile</u> (i) Total Cholesterol (ii) HDL Cholesterol (iii) LDL Cholesterol (iv) VLDL Cholesterol (v) Triglycerides
5.	<u>Liver Function Tests</u> (i) S. Bilirubin (Total) (ii) S. Bilirubin (Direct) (iii) S.G.O.T. (iv) S.G.P.T.
6.	<u>Kidney Function Tests</u> (i) Blood Urea (ii) S. Creatinine (iii) S. Uric Acid

Contd...

7.	Cardiac Profile (i) S.LDH (ii) CK-MB (iii) S.CRP (iv) SGOT For Men (v) PSA For Women (vi) PAP SMEAR
8.	X-Ray-Chest PA View Report
9.	ECG Report
10.	USG Abdomen Report
11.	TMT Report
12.	Mammography Report (Women)

Gynecological Health Check UP

1	Pelvic Examination (i) Local Examination (ii) Per Vaginum (P/V) (iii) Per Speculum Surgical Examination Breast Examination Urological Examination (For Men only) Rectal Examination (For Men only)
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Systemic Examination

1.	Resp System
2.	CVS
3.	Abdomen
4.	CNS
5.	Locomotor System
6.	Dental Examination

Contd....

Eye Examination

1.	Distant Vision
2.	Vision with Glasses
3.	Colour Vision
4.	Tonometry
5.	Fundus Examination

ENT

1.	Oral Cavity
2.	Nose
3.	Throat
4.	Larynx

Contd.....

ANNEXURE-II

- 7 -

SUMMARY OF MEDICAL REPORT (ONLY COPY OF THIS PART IS TO BE ATTACHED TO APAR)

1.	Overall Health of the officer	
2.	Any other remarks based on the Health Medical Check- up of the officer	
3.	Health profile grading	

Date:

Signature of Medical Authority
Designation

Contd.....

PROFORMA FOR HEALTH CHECK UP FOR POLICE OFFICERS

Name :

Age :

Sex : M/F

Marital Status: Married Unmarried

Residential Address:

Tele-contact:

E-mail ID:

Office Address:

Blood Group:

History of Known Illness

Raised BP- Yes No If, yes- on Regular treatment- Yes No

DM - Yes No If, yes- on Regular treatment- Yes No

IHD- Yes No If, yes- on Regular treatment- Yes No

Stroke- Yes No If, yes- on Regular treatment- Yes No

Kidney Disease:

Chronic Renal Failure- Yes No If, yes- on Regular Dialysis- Yes No

Any history of Surgery/ prolonged hospitalization (more than 2 weeks)

Yes / NO if yes, reasons thereof

Any history of loss of appetite- Yes No

Any history of loss of Weight- Yes No

Contd.

Any history of altered bowel habit Yes No

Any history of Chewing Tobacco Yes No

Family History of: DM HT Obesity

Premature CAD Yes/ No

Malignancy Yes/ No

Stroke Yes/ No

T.B. Yes/ No

Glaucoma & Premature Cataract Yes/No

Smoker Yes No If yes Number per day

Ex-Smoker Years of Smoking Years of quitting smoking

Vegetarian Yes No Non vegetarian Yes No

Pan Masala Yes No

Alcohol Yes No If regular quantity in ml per day

Regular Exercise Yes No

- Nature of *Exercise
- Walking
 - Jogging
 - Cycling
 - Swimming