(1) STANDARD OF PHYSICAL TRAINING
A candidate should be free evidence of any contagious or infectious disease. He should not be suffering from any disease which is likely to be aggravated by service or is likely to render him unfit for service or endanger the health of the public. He should also be free from evidence of tuberculosis in any form, active or healed.

(2) HEIGHT, WEIGHT AND CHEST
Candidates should satisfy the following minimum standards, namely:-
Height 137 centimeters; Weight 25.4 Kilogram; Chest expansion should not be less than 3.8 centimeters irrespective of size of chest.

Provided that where a candidate does not satisfy the said minimum standards but is certified in writing by a Medical Officer not below the rank of an Assistant Surgeon (Gazetted), to be physically fit for being engaged as an apprentice in a particular trade under the Apprentices Act, 1961, he may be engaged as an apprentice in that trade.

(3) EYES
There should be no evidence of any morbid condition of either eye of the lids of either eye which may be liable to risk of aggravation or recurrence.

STANDARAD OF VISION

(A) Visual acuity:
The Candidates having vision in one eye shall eligible to undergo apprenticeship training except in the following seventeen trades, namely:-
1) Electrician Aircraft
2) Watch and Clock Mechanic
3) Driver cum Fitter
4) Surveyor
5) Process Cameraman
6) Sirdar
7) Rigger (Engineer & Chemical Industry)
8) Shortfirer /Blaster (Mines)
9) Mate (Mines)
10) Mech. Radio & Radar Aircraft
11) Ceramic Modeller
12) Ceramic Caster
13) Ceramic Kiln Operator
14) Ceramic Press Operator
15) Ceramic Modeller
16) Ceramic Decorator
17) Optical worker

(B) Colour vision: Not required

(4) EARS
Hearing must be good in both ears and there should be no sign of suppurative disease. No
hearing aid shall be permitted.

(5) SKIN
There should be no evidence of acute or chronic skin disease or chronic ulceration.

(6) SPEECH
Speech should preferably be without impediment.

(7) ALIMENTARY SYSTEM
1. Candidates should have sufficient number of natural teeth (in healthy state) for mastication.
2. Spleen should not be palpably enlarged and there should be no evidence of tenderness in the splenic area.
3. Liver should not be palpable or tender.
4. There should be no oral sepsis.
5. There should be no sugar in the urine.
6. Candidates should not be suffering from haemorrhoids, fissures in and testis anal hernia or bubonocle or ischio-rectal abscess or hydrocele.

(8) CARDIO VASCULAR SYSTEM:
1. Blood pressure should not exceed 85 diastolic and 140 systolic.
2. Candidates with low blood pressure (i.e. systolic below 100) should be rejected.
3. There should be no sign of any cardiovascular disease.

(9) RESPIRATORY SYSTEM
Candidates should be free from all diseases of respiratory system. There should be no deformity of chest which may cause impediment to breathing.

(10) GENITO URINARY SYSTEM
There should be no evidence of genito-urinary disease or any abnormality.

(11) SKELETAL SYSTEM
1. The function of all limbs should be within normal limits.
2. There should be no evidence of serious deformity of the spinal column or of the extremities.

(12) NERVOUS SYSTEM
There should be no evidence of any disease of nervous system or of any mental disease.

(13) GLANDULAR SYSTEM
There should be no evidence of tuberculosis or other disease of the glandular system including the endocrine glands.

------X------
Acceptable categories of disability for PwBD Candidates:

As per IOCL, Refineries Division’s Policy, following are the categories of disabilities in which candidates belonging to PwBD category can be engaged in various Trades/Disciplines:

<table>
<thead>
<tr>
<th>Sr</th>
<th>Apprenticeship</th>
<th>Disability Sub Categories</th>
</tr>
</thead>
</table>
| 1  | Trade Apprentice (ITI-Fitter)               | 1. PV-Low Vision, Blind  
2. PH-Hard of Hearing, Deaf                                                                                   |
| 2  | Technician Apprentice (Mech)                | 3. PL-Musculoskeletal (OH-OA/OL), Dwarfism, Acid Attack Victim, Cerebral Palsy, Leprosy Cured                  |
| 3  | Technician Apprentice (Elect)               | 4. Multiple (A combination of above) (Deployment of PwBDs with other disabilities given in the Act,  
may put such PwBDs at risk, hence excluded)                                                                 |
| 4  | Technician Apprentice (Inst)                |                                                                                                               |
| 5  | Trade Apprentice (Secretarial Assistant)    |                                                                                                               |
| 6  | Trade Apprentice (Accountant)               |                                                                                                               |
| 7  | Fresher Apprentice                           |                                                                                                               |
| 8  | Skill Certificate Holder Apprentice         |                                                                                                               |
# PRE-ENGAGEMENT MEDICAL EXAMINATION FORM FOR APPRENTICES

<table>
<thead>
<tr>
<th>Ref. No.</th>
<th>Candidate to paste recent passport size photograph duly attested by self and examining doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade/Discipline:</td>
<td></td>
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<tr>
<td>Name in full: (in Block Letters)</td>
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<tr>
<td>Date of Birth</td>
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<tr>
<td>Sex</td>
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<td>Father/Husband's Name</td>
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<td>Mother's Name</td>
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<tr>
<td>Address</td>
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</tbody>
</table>

**Identification Mark:**

1) ____________________________________________________________

2) ____________________________________________________________

**Date:**

**Signature of Candidate**

**Signature of Examining Doctor**

*Photograph and signature of the candidate to be attested by the examining doctor*
**TO BE FILLED IN BY CANDIDATE BEFORE MEDICAL EXAMINATION**

**Permanent Address:**
__________________________  **Present Address:**
__________________________  ________________________
__________________________  ________________________
__________________________  ________________________

Answer all Questions: Put (✓) Mark in the Column 'Yes' / 'No'

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Are you on any prolonged medication?</td>
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<td>If Yes, specify</td>
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<td>2</td>
<td>Are you allergic to any medicine?</td>
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<td>If yes, specify</td>
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<td>3</td>
<td>Do you suffer from any of the following</td>
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<td>- High Blood pressure</td>
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<tr>
<td></td>
<td>- Low Blood Pressure</td>
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<td>- Heart Disease</td>
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<td></td>
<td>- Tuberculosis</td>
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<td></td>
<td>- Stroke (Paralysis due to Haemorrhage in brain)</td>
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<td></td>
<td>- Diabetes</td>
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<td></td>
<td>- Mental illness</td>
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<td></td>
<td>- Cancer</td>
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<td></td>
<td>- Any other disease, please specify:</td>
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<td>4</td>
<td>Do you take alcoholic beverages / intoxicants?</td>
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<td>5</td>
<td>Do you smoke or take tobacco?</td>
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<td>If yes, how much every day?</td>
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<td>6</td>
<td>Do you have fainting spells?</td>
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<td>7</td>
<td>Do you become unusually short of breath when you walk upon flight of stairs?</td>
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<td>8</td>
<td>Have you had a cough that started in the last 6 months &amp; remained more than a month?</td>
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<tr>
<td>9</td>
<td>Have you ever vomited or coughed out blood?</td>
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<tr>
<td>10</td>
<td>Do you have weakness or paralysis of either of your arms or legs?</td>
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<td>11</td>
<td>Do you ever feel so depressed that it interferes with your jobs or with your doing house work?</td>
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<td>12</td>
<td>Do you feel that you need medical or psychiatric help because of nervousness?</td>
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<tr>
<td>13</td>
<td>Have you ever been rejected in Pre-Engagement Medical Examination.</td>
<td></td>
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</tr>
</tbody>
</table>

**Date:**  

**Signature of Candidate**
If yes, name of the company, where you got appointment:

14 Do / Did any of your family member(s) suffer(ed) from any of the following:
- High Blood pressure
- Heart Disease
- Tuberculosis
- Stroke (Paralysis due to Haemorrhage in brain)
- Diabetes
- Mental illness
- Cancer

15 Do you have Hernia / Piles / Hydrocele?

16 Please specify significant information, if any, not covered above:

<table>
<thead>
<tr>
<th>Marital History:</th>
<th>Single/Married/Widowed/Widower/Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Children:</td>
<td>Male_________________ Female ___________</td>
</tr>
<tr>
<td>F P History:</td>
<td>Vasectomy / Tubectomy</td>
</tr>
<tr>
<td>Immunization:</td>
<td>Tetanus Toxoid: I II III Booster: I II</td>
</tr>
<tr>
<td></td>
<td>Hepatitis B: I II III</td>
</tr>
</tbody>
</table>

DECLARATION BY THE CANDIDATE

I declare that the above information is true and correct to the best of my knowledge and belief.

Date:_______________       Signature of Candidate

Place:_______________

FINGER PRINT OF LEFT HAND FINGERS

<table>
<thead>
<tr>
<th>Little Finger</th>
<th>Ring Finger</th>
<th>Middle finger</th>
<th>Index Finger</th>
<th>Thumb</th>
</tr>
</thead>
</table>

Date:                      Signature of Examining Doctor
# Pre-Engagement Examination for Apprentices

(To be filled by the Doctor)

## General Examination:
- **Height:** __________ CM, **Weight:** __________ KG, **BMI:** __________
- **Chest:** Inspiration: __________ CM, Expiration: __________ CM.
- **Built:** Average/ Strong/ Poor
- **Teeth:** __________, **Gums:** __________, **Speech:** __________
- **Haemorrhoids/ Fissures:** -IN-ANO
- **Additional Findings:** __________

## Cardio-Vascular System:
- **Pulse:** ___ / MIN. Regular/ Irregular Peripheral Pulse – Felt/ Not Felt
- **B.P:** __________ mm of Hg.
  - (BP should not exceed 85 diastolic and 140 systolic. For low BP systolic ≥ 100)
- **Heart Sound:** __________
- **Murmur, if any:** __________
- **Additional Finding(s), if any:** __________

## Respiratory System:
- **Shape of Chest:** __________
- **Chest Movements:** __________
- **Trachea:** __________
- **Breath Sounds:** __________

## Gastro-Intestinal System:
- **Liver:** __________, **Spleen:** __________
- **Any Abdominal Lumps:** __________

## Examination of Eyes:
- **External Exam.:** __________, **Squint:** __________
- **Nystagmus:** __________
- **Fundus (L):** __________, **(R):** __________
- **Individual Colour Identification – Normal/ Defective**
- **Distant Vision** (Without Glasses, either 6/18 in each eye or 6/12 in one eye and 6/24 in other eye without Glasses)
  - **Right:** __________, **Left:** __________
- **Distant Vision** (With Glasses, 6/9 in both eyes with Glasses)
  - **Right:** __________, **Left:** __________
  - **Power of glasses:** __________, **Contact Lenses:** __________
- **Near Vision** (Without Glasses)
  - **Right:** __________, **Left:** __________
  - **Power of glasses:** __________, **Contact Lenses:** __________
- **Night Blindness:** (Nyctalopia): __________

**Date:** __________  
**Signature of Examining Doctor:** __________
EXAMINATION OF EAR, NOSE & THROAT:

EAR:
TYMPANIC MEMBRANE____________________________________
TUNING FORK TESTS –
RINNES TEST ___________ WEBERS TEST _________________
CONVERSATIONAL HEARING / WHISPERING: _______________________
AUDIOMETRY (AIR AND BONE CONDUCTION)_____________________
ADDITIONAL FINDINGS, IF ANY __________________________
NO HEARING AID SHALL BE PERMITTED

NOSE:
ANY DEFORMITY______________________________

THROAT:
THROAT ___________ TONGUE ___________ TONSILS __________
EXTERNAL EXAM:______________________________

GENITO URINARY SYSTEM:
HERNIA:____________________ HYDROCELE/ VARICOCELE __________
PHIMOSIS_________________________ SIGNS OF STD ___________________

FOR FEMALE CANDIDATES:

MENSTRUAL HISTORY OBSTETRIC HISTORY
MENARCHE AT____ Yrs. GRAVIDA_______ PARA________
LMP - ____________________________________________
MENSTRUAL IRREGULARITY, IF ANY

PELVIC EXAMINATION : (FOR MARRIED WOMEN ONLY)
VULVA:______VAGINA:______URETHRA:_______CERVIX:_____________
UTERUS:______________ ADNEXA:________________________
PAP SMEAR:_____________ PREGNANCY TEST _______________
LAB INVESTIGATIONS:
URINE: ALBUMIN ________________ SUGAR ________________
MICROSCOPY __________________ STOOL: ________________

HAEMOGRAM
Blood Group: ___ Rh factor: ___ Hb ___ TLC ___ RBC __________
E M B Platelets Count
DLC – P L ________________________________

LIPID PROFILE
Serum cholesterol: S/Triglycerides
HDL LDL

HEPATIC PROFILE
SGPT: SGOT: 
Alkaline Phosphatase:

RENAL PROFILE
Blood Urea: S/Creatinine:

METABOLIC
BLEEDING Time : Clotting Time :

OTHERS
VDRL:

OTHER INVESTIGATIONS:
X-Ray Chest ________________________________
Ultrasound Whole Abdomen ________________________________
ECG: ________________________________
Central Nervous System:
Spinal deformity: _______ Motor: _______ Sensory: _______ Gait/Posture: _______
Mental Status ____________________________________________
Tuberculosis___________________________ H/O ________________________________
Spinal Cord: ________________________________
Glandular System: Lymph Node _______ Lump ______
Endocrine gland: Thyroid __________
Others: ________________________________________________

PULMONARY FUNCTION TEST

<table>
<thead>
<tr>
<th></th>
<th>FVC</th>
<th>FEV 1</th>
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<tbody>
<tr>
<td>Predicted</td>
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<tr>
<td>Measured</td>
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<tr>
<td>% of Predicted</td>
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Remarks: ________________________________

Date: ________________________________
Signature of Examining Doctor
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<tr>
<th>Hearing Loss in dB</th>
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<th>1000</th>
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Frequency in Hz

AIR CONDUCTION      BLUE LT EAR  X  0 RED  RT EAR
BONE CONDUCTION    BLU EL T EAR  >  < RED  RT EAR

Date:______________________________Signature of Examining Doctor
PRE-ENGAGEMENT MEDICAL EXAMINATION FOR APPRENTICES

Medical Certificate

We hereby certify that Shri / Smt. / Kum___________________, a candidate for engagement in Indian Oil Corporation Limited, ________________________, as Trade/Technician Apprentice (_____________________) at ____________________ [unit] has been examined by us, we cannot discover that he / she has got any disease, communicable or otherwise, constitutional or bodily deformity except______________________________.

We do/do not consider this as disqualification for the above trade/discipline as per Schedule-II (Rule 4) of Apprenticeship Rules, 1992______________________________.

He/ She is hereby declared, for the above Trade/Discipline as:

☐ FIT ☐ UNFIT

Signature of Examining Doctor

Signature of Chief Medical Officer
or Civil Surgeon/ Authorised Medical Officer of Nominated Hospital

Name: ____________________________
Registration No.: __________________
Date: ____________________________
Seal: _____________________________

FOR USE OF IOCL’S DOCTOR/IOCL EMPANELLED DOCTOR

Shri / Smt. / Kum______________________________ does/does not have any congenital or acquired defects to interfere in efficient performance during the period of apprenticeship training by the candidate.

☐ FIT ☐ UNFIT

Remarks __________________________________________________________
________________________________________________________________
________________________________________________________________

Date: ____________________________
Signature of Competent Medical Authority