

**The Apprenticeship Rules, 1992**  
**SCHEDULE-II**  
**(See rule 4)**

**(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 or the lids of either eye which may be liable to risk of aggravation or recurrence.

**STANDARD 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.

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**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 :**

<b>Sr</b>	<b>Apprenticeship</b>	<b>Disability Sub Categories</b>
1	Trade Apprentice (ITI-Fitter)	1. PV-Low Vision, Blind 2. PH-Hard of Hearing, Deaf 3. PL-Musculoskeletal (OH-OA/OL), Dwarfism, Acid Attack Victim, Cerebral Palsy, Leprosy Cured 4. Multiple (A combination of above) (Deployment of PwBDs with other disabilities given in the Act, may put such PwBDs at risk, hence excluded) <b>P=Physical; V=Vision; H=Hearing; L=Locomotors; O=Orthopaedic; H=Handicap</b>
2	Technician Apprentice (Mech)	
3	Technician Apprentice (Elect)	
4	Technician Apprentice (Inst)	
5	Trade Apprentice (Secretarial Assistant)	
6	Trade Apprentice (Accountant)	
7	Fresher Apprentice	
8	Skill Certificate Holder Apprentice	



**INDIAN OIL CORPORATION LIMITED  
REFINERIES DIVISION**

**PRE-ENGAGEMENT MEDICAL EXAMINATION FORM FOR APPRENTICES**

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

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'

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

**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: <ul style="list-style-type: none"> <li>• High Blood pressure</li> <li>• Heart Disease</li> <li>• Tuberculosis</li> <li>• Stroke (Paralysis due to Haemorrhage in brain)</li> <li>• Diabetes</li> <li>• Mental illness</li> <li>• Cancer</li> </ul>		
15	Do you have Hernia / Piles / Hydrocele?		
16	Please specify significant information, if any, not covered above:		
<p>Marital History : Single/Married/Widowed/Widower/Divorced</p> <p>No. of Children: Male _____ Female _____</p> <p>F P History : Vasectomy / Tubectomy</p>			
<p>Immunization: Tetanus Toxoid: I    II    III                          Booster: I    II</p> <p style="padding-left: 100px;">Hepatitis B : I    II    III</p>			

<p><b>DECLARATION BY THE CANDIDATE</b></p> <p>I declare that the above information is true and correct to the best of my knowledge and belief.</p> <p>Date: _____</p> <p>Place: _____</p> <p style="text-align: right;"><b>Signature of Candidate</b></p>
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**FINGER PRINT OF LEFT HAND FINGERS**

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Little Finger
Ring Finger
Middle finger
Index Finger
Thumb

**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  $\geq$  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 \_\_\_\_\_  
(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 HISTROY**

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 \_\_\_\_\_

**Date:**

**Signature of Examining Doctor**



**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**

Blood Sugar – F: \_\_\_\_\_ Blood Sugar – PP: \_\_\_\_\_ S/uric acid: \_\_\_\_\_  
 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**

	FVC	FEV 1
Predicted		
Measured		
% of Predicted		

**Remarks:**

**Date:**

**Signature of Examining Doctor**

# AUDIOGRAM

500    1000    1500    2000    3000    4000    6000    8000

Hearing Loss In dB	-10								
	0								
	10								
	20								
	30								
	40								
	50								
	60								
	70								
	80								
	90								
	100								
	110								
	120								
130									

Frequency in Hz

AIR CONDUCTION                      BLUE LT EAR   X                      0 RED   RT EAR  
 BONE CONDUCTION                    BLUELT 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:**

**Name:**

**Registration No.**

**Registration No.**

**Date:**

**Date:**

**Seal:**

**Seal:**

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**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**