



इंडियन ऑयल कार्पोरेशन लिमिटेड
(बिपणन प्रभाग)

INDIANOIL CORPORATION LIMITED
MARKETING DIVISION

शारीरिक स्वस्थता का मानदण्ड व
पूर्व आबंधन चिकित्सा जाच
शिक्षु अधिनियम, 1961 के तहत निर्दिष्ट ट्रेड के
अंतर्गत प्रशिक्षु के लिए

Criteria for Physical fitness and
Pre-engagement Medical Examination for Apprentices
Under Designated Trades
Under The Apprentices Act, 1961



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GUIDELINES

1. The aim of this guideline is to engage an Apprentice, for a particular trade under the Apprentices Act 1961, who must be in good physical and mental health and must be free from any physical defect or disability that is likely to interfere with efficient performance of the duties and / or safety of the plants, machinery or co-workers.
2. Part-I contains Pre-engagement examination form to be filled by the candidate before Medical Examination (Page 3 to 4).
3. Part II contains guidelines for examining Doctor (Page 5 to 6).
4. Part III contains Investigation/Tests document to be filled by the examining Doctor (Page 7 to 10).
5. Part IV contains Medical Certificate to be filled and signed by the examining doctor and CMO or Civil Surgeon (Page 11).

Note:

- Medical Examination as prescribed under these guidelines will be conducted by Corporation's Medical officer / Authorized Medical Officer / Designated Nominated Hospitals only, who shall be the competent authority to certify a candidate as **Medically Fit / Unfit / Temporarily Unfit**. However, IOCL reserves the right to re-examine or review a medical report.
- A candidate found to be Temporarily Unfit means short term sickness which is curable within a period of not more than eight weeks. The examining doctor, on satisfying himself during re-examination that the short-term disease is cured, will declare the candidate to be Medically Fit.
- Candidates will be declared Temporarily Unfit for following conditions:
 - a) Hernia
 - b) Hydrocele
 - c) Haemorrhoids
 - d) Pregnancy of 24 weeks or more
 - e) Phimosis
 - f) Active Tuberculosis
 - g) Gall Stones
 - h) Renal Stone
 - i) Dyslipidemia
 - j) Perforation of Tympanic Membrane and CSOM
 - k) Leprosy (Hansen's disease)
 - l) Any other condition, which the doctor feels, is curable within 8 weeks
- Physically challenged persons may be selected against the identified trade, where such persons can perform their duties with reasonable efficiency and without undue physical strain or hazard.
- The candidate except for the handicap must be within the normal range of all other physical standards.
- Dispute/Issue/Appeal pertaining to medical examination not covered/addressed under these guidelines shall be regulated under Guidelines and Criteria for Physical Fitness for Pre-employment medical examination of Indian Oil Corporation Limited.



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Name:.....

Roll No:.....

PART I

TO BE FILLED IN BY CANDIDATE BEFORE MEDICAL EXAMINATION

Name:

Roll No:

Trade:

Date Of Birth:

Paste recent
size
photograph
duly attested
by self

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

S No.	Question	Yes	No
1	Are you on 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 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 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"> • 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:		
----	--	--	--

Marital History : Single / Married / Widowed / Widower / Divorced

No. of Children: Male _____ Female _____

F P History : Vasectomy / Tubectomy

Immunization: Tetanus Toxoid: I II III **Booster:** I II

Hepatitis B : I II III

PAST ENGAGEMENT, IF ANY:

NAME OF COMPANY	NO. OF YEARS	NATURE OF JOBS	ANY OCCUPATIONAL HEALTH AILMENT

DECLARATION BY THE CANDIDATE

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

Date:.....

Place:..... **Signature of Candidate**

FINGER PRINT OF LEFT HAND FINGERS

--	--	--	--	--

Little Finger Ring Finger Middle Finger Index Finger Thumb



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PART II

GUIDELINES FOR EXAMINING DOCTOR AS PER SCHEDULE II, THE APPRENTICES ACT, 1961

(1) **Standard of Physical Fitness for Training**

A candidate should be free from 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 would satisfy the following minimum standards, namely:---

Height: 137 centimetres; Weight: 25.4 Kilograms; Chest expansion should not be less than 3.8 centimetres 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 of the lids of either eye which may be liable to risk of aggravation of recurrence.

Standard of vision

(a) Visual acuity:

Candidates having vision in one eye shall be 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 (Engineering & Chemical Industry) (8) Shotfirer / Blaster (Mines) (9) Mate (Mines) (10) Mechanic Radio and Radar Aircraft (11) Ceramic Moulder (12) Ceramic Caster (13) Ceramic Kiln Operator (14) Ceramic Press Operator (15) Ceramic Modeller (16) Ceramic Decorator (17) Optical Worker

(1) The minimum standard of visual acuity for all trades shall be:

6/18 in each eye or 6/12 in one eye and 6/24 in the other eye without glasses or 6/9 with glasses in both eyes.

Candidates with vision in one eye only shall be rejected.

(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 fistula and hernia or bubonocele 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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Name:.....

Roll No:.....

PART III

INVESTIGATIONS

LAB INVESTIGATIONS:

URINE: ALBUMIN _____ SUGAR _____

MICROSCOPY _____ STOOL: _____

HAEMOGRAM

Blood Group: _____ Rh factor: _____ Hb _____ TLC _____ RBC _____

DLC – P L E M B Platelets Count _____

HEPATIC PROFILE

SGPT:

SGOT:

RENAL PROFILE

Blood Urea:

S/Creatinine:

METABOLIC

Blood Sugar – F:

Blood Sugar – PP:

S/uric acid:

OTHERS

VDRL:

OTHER INVESTIGATIONS:

X-Ray Chest _____

ECG _____

Others: _____

PULMONARY FUNCTION TEST

	FVC	FEV 1
Predicted		
Measured		
% of Predicted		
Remarks:		

AUDIOGRAM

Name:.....

500 1000 1500 2000 3000 4000 6000 8000

Roll No:.....

← 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 BLUE LT EAR > < REDRTEAR

Name:.....

TO BE FILLED IN BY THE DOCTOR

Roll No:.....

GENERAL EXAMINATION:

HEIGHT: _____ CM WEIGHT: _____ KG

CHEST: INSPIRATION _____ CM EXPIRATION: _____ CM

BLOOD PRESSURE: _____

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

S No.	Question	Yes	No
1	EYES: Any evidence of any morbid condition of:		
	Either eye		
	Lids of either eye		
2	Minimum standard of Visual Acuity		
3	EARS:		
	Hearing good in both ears		
	Sign of Suppurative disease		
4	SKIN:		
	Evidence of acute or chronic skin disease		
	Evidence of chronic ulceration		
5	SPEECH:		
	Impediment in speech		
6	ALIMENTARY SYSTEM:		
	Natural teeth in healthy state for mastication		
	Spleen is palpably enlarged		
	Tenderness in the splenic area		
	Liver is palpable or tender		
	Evidence of oral sepsis		
	Evidence of Sugar in urine		
Evidence of haemorrhoids			

	Evidence of fissures in and fistula		
	Evidence of hernia/bubonocele/ischio-rectal abscess/hydrocele		
7	CARDIO VASCULAR SYSTEM		
	Evidence of any cardiovascular disease		
8	RESPIRATORY SYSTEM		
	Evidence of any respiratory system disease		
9	GENITO URINARY SYSTEM		
	Evidence of genitor urinary disease or any abnormality		
10	SKELETAL SYSTEM		
	Limbs are functioning within normal limit		
	Evidence of serious deformity of the spinal column or the extremities		
11	NERVOUS SYSTEM		
	Evidence of any disease of nervous system		
	Evidence of any mental disease		
12	GLANDULAR SYSTEM		
	Evidence of tuberculosis		
	Evidence of any disease of the glandular system		

Name:.....

Roll No:.....

Date:.....

Signature of Medical Officer



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Roll No:.....

Name:.....

PART IV

MEDICAL CERTIFICATE

We hereby certify that Shri / Smt. / Kum _____, a candidate for engagement as Apprentice in Indian Oil Corporation Limited, in trade _____, 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. He/ She is hereby declared, as:

FIT

UNFIT

TEMPORARILY UNFIT

If He / She has been found to be Temporarily Unfit / Unfit on account of

_____. He / She may
be directed to report to the undersigned for re-examination on _____.

Signature of Examining Doctor

**Signature of Authorised Medical Officer (CMO
or Civil Surgeon IOCL Designated Hospitals)**

Name:

Name:

Registration No.

Registration No.

Date:

Date:

Seal:

Seal:



Applying as (Please tick on the trade you are applying for):

Graduate Apprenticeship/Technician Apprenticeship/Data Entry Operator/ITI(Trade Apprenticeship)

Personal details to be filled by the Candidate (PLEASE USE BLOCK LETTERS)

Name: _____

Age _____ Sex: _____

Marital Status: _____ Blood Group: _____

Marks of Identification: _____

Any significant Medical History hospitalization, surgery, injuries, seizure disorder etc. if yes details:

Candidate to affix a passport size photo here which is to be attested by the doctor conducting the examination

Date: _____ Signature of candidate _____

Clinical Examination and Investigations to be filled by General Practitioner (MBBS)/ physician (MD) of Government/ Municipal Hospital or Any Hospital having NABH Accreditation

Weight: _____ Pulse: _____ Blood Pressure: _____

Respiratory system: _____ Heart Sound: _____

Skin Examination: Normal/Acute Chronic Skin Disease

Vision test – Normal/Abnormal Hearing (Both Ears)- Normal /Abnormal

Complete Blood Count: _____

Urine R&M: _____

Any other findings: _____

It is certified that Mr/Ms _____ is fit/unfit (whichever is applicable) to join as Apprentice at Indian Oil Corporation Limited

Date, Signature and stamp of the doctor	Address of the Government / Municipal/NABH accredited hospital	Registration No. of the Doctor