


# इंडियन ऑयल कार्पोरेशन लिमिटेड
## (बिपणन प्रभाग)

# INDIANOIL CORPORATION LIMITED
## MARKETING DIVISION

# शारीरिक स्वस्थता का मानदण्ड व
# पूर्व आबंधन चिकित्सा जाँच
# शिक्षु अधिनियम, 1961 के तहत निर्दिष्ट ट्रेडों के
# अंतर्गत प्रशिक्षु के लिए

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

**इंडियन ऑयल कार्पोरेशन लिमिटेड**
**(बिपणन प्रभाग)**

# 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.

Name:.....

Roll No:.....

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## 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:<br><br>• High Blood pressure<br>• Heart Disease<br>• Tuberculosis<br>• Stroke (Paralysis due to Haemorrhage in brain)<br>• Diabetes<br>• Mental illness<br>• 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 |

इंडियनऑयल
IndianOil
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## PART II

**GUIDELINES FOR EXAMINIG 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: T**here 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.

Name:……..

Roll No:……..

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**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:……

Roll No:……

| | | 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 BLUE LT EAR > < RED RT EAR**

Name:……..

Roll No:……..

**TO BE FILLED IN BY THE DOCTOR**

**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 | | |

Name:……

Roll No:……

| | | | |
|---|---|---|---|
| | 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 | | |

**Date:……..** **Signature of Medical Officer**

Name:……..

Roll No:……..

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**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**

Name:

Registration No.

Date:

Seal:

**Signature of Chief Medical Officer or Civil Surgeon**

Name:

Registration No.

Date:

Seal:

## Schedule II:
## Pre Engagement Medical Examination for Optional Trades

Pre Engagement Medical Examination Format for
Apprentices Under Optional trades

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

Graduate Apprentice/ Technician Apprentice/ Fresher Apprentice

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

Name:_____

Age_____Sex:_____

Marital Status:_____ Blood Group: _____

Marks of Identification:_____

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

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

_____

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 |