Indian Oil Corporation Limited
Corporate Office

DECLARATION BY CANDIDATE FOR PRE-EMPLOYMENT MEDICAL EXAMINATION (PEME)

1. Checklist of tests/investigations for Pre-Employment Medical Examination

Sl. No.	Test	Pls fill Yes/No/NA
1	General Physical examination	
2	CBC	
3	ESR	
4	Blood Group	
5	Lipid Profile	
6	Liver Function Test	
7	Kidney Function Test including Uric Acid	
8	Metabolic Profile (Blood Sugar)	
9	Thyroid Profile	
10	BT CT	
11	VDRL Qualitative	
12	Stool Routine	
13	Urine Routine	
14	X-Ray Chest	
15	Ultrasound Whole Abdomen	
16	ECG	
17	2D Echo	
18	Pulmonary Function Test (Spirometry)	
19	ENT examination	
20	Audiometry	
21	Eye examination	
22	Pink Perception Test	
23	Central Nervous System examination	
24	Mental Status examination	
25	Genito Urinary System examination – *Not for Pregnant ladies*	
26	TMT (for above 35 yrs age)	
27	U/S Prostrate (for above 35 yrs age Male)	
28	Obstetrics history/examination (for Females) – *Not for Pregnant ladies*	
29	Lower Limbs examination (for Fire & Safety as per Form D)	

Note: May kindly refer Form B for detailed investigation as per PEME guidelines

Date: **Signature of Candidate**

2. Declaration by candidate for filling the PEME form as per PEME Guidelines

Sl. No.	Test	Pls fill Yes/No/NA
1	Candidate has filled in PEME Form Part I – Form A (pages 1 to 3)	
2	Candidate's photo in PEME Form Part I - Form A is self-attested and certified by examining doctor	
3	Candidate's Signature & Examining Doctor's signature & seal are there on PEME Form Part I - Form A on all pages	
4	Examining Doctor has filled in all details of PEME Form Part II – Form B:	
5	Examining Doctor has signed on all pages along with date of PEME Form Part II – Form B	
6	Examining Doctor has filled in all details of PEME Form Part III – Form C and signed on the page along with date. Name, Registration No., & seal must be present on the page.	
7	Chief Medical Officer or Civil Surgeon/ Authorized Medical Officer of Nominated Hospital Examining Doctor has signed with seal on PEME Form Part II – Form B and along with date. Name, Registration No., & seal must be present on the page.	
8	For Fire & Safety – Examining Doctor has filled PEME Form D and signed with seal in all sections along with date	
9	For Fire & Safety – Candidate has signed PEME Form D along with date	
10	Candidate has enclosed all original reports of Lab Tests/investigations as per PEME Form Part II – Form B. Reports are signed & stamped by Pathologist / Microbiologist / Radiologist / Cardiologist as the case may be.	

I declare that I have read the PEME guidelines and ensured that all the PEME forms, as applicable, are duly filled and signed. I am also enclosing the original reports of lab tests/investigations as proof and record.

Date: **Signature of Candidate**