

Government of Odisha
General Administration & Public Grievance Department

**NOTICE FOR MEDICAL EXAMINATION OF THE CANDIDATES PROVISIONALLY
SELECTED THROUGH THE ODISHA CIVIL SERVICES EXAMINATION, 2020**

All the Candidates provisionally selected through the Odisha Civil Services Examination, 2020 [Advt. No.07 of 2020-21] are required to present themselves before the Medical Superintendent / Registrar (Administration) in any of the following seven Government Medical Colleges between **8 A.M. to 12 P.M.** on any day(s) from **03.11.2022 to 09.11.2022 without fail**, for the mandatory Medical / Physical fitness examination, for consideration of their appointment to the Odisha Civil Services.

Sl. No	District	Name of Government Medical College & Hospital
1	Cuttack	S.C.B Medical College & Hospital, Cuttack
2	Ganjam	M.K.C.G Medical College & Hospital, Berhampur
3	Sambalpur	V.S.S Medical College & Hospital, Burla
4	Balasore	F.M Medical College, Balasore
5	Balangir	B.B Medical College, Balangir
6	Koraput	S.L.N Medical College & Hospital, Koraput
7	Mayurbhanj	P.R.M Medical College & Hospital, Baripada

The Candidate(s) provisionally selected under the "PwD" Category through the Odisha Civil Services Examination, 2020 are required to present themselves before the Medical Superintendent / Registrar (Administration), S.C.B Medical College & Hospital, Cuttack for their Medical Examination by the Specialized Disability Medical Board.

All the Candidates reporting at the Medical Colleges are required to mandatorily carry the following documents for the purpose of their identification.

- a) Copy of the Admit card (Prelims / Mains) / Personality test Call letter / any communication received from the OPSC reflecting their selection through OCS Examination-2020.
- b) Any Original Government Photo Identity Proof
- c) The disability certificate issued by a competent authority in case of the Candidates provisionally selected under PwD category.

Prior to the Medical Examination, the candidates concerned are required to make a statement as per the format provided in the Home Department Notification No.29452/SPS dated 04.07.2011 and must sign the Declaration appended thereto. A copy of the Candidate's declaration form is enclosed herewith as **Annexure A**.

All the Candidates are expected to participate and cooperate with the procedure of medical examination as advised by the medical examiner during the course of his/her physical examination. If advised by the medical examiner, he/she has to present himself/herself before any other Medical Board on a given time and date. Leaving the medical examination incomplete would render the candidate liable for cancellation of his/her candidature. The candidate should leave the medical examination only after obtaining a copy of the observation / recommendation of the Medical Board and is required to keep this in his/her possession as a proof of his/her completing the medical test.

In case of dissatisfaction / disagreement with the report of the medical examination/ medical test and its recommendations, the candidate (including those provisionally selected under PwD category) may prefer an appeal to the Director of Medical Education & Training, Odisha, the Chairman, Appellate Medical Board, under intimation to the GA & PG Department, Government of Odisha, in the appropriate format as at **Annexure B**, within 7 (seven) working days from the date of the communication of the decision of the Medical Board to the candidates; otherwise the request for medical re-examination by an Appellate Medical Board will not be entertained thereafter.

A Candidate filing an appeal against the decision of the Special Medical Board / Specialized Disability Medical Board may, if he/she likes enclose medical certificate in support of his/her claim of being fit.

A Candidate filling an appeal will be assigned with an Appellate Medical Board and he /she will have to present him/her before this Board on the date and time indicated in the notice for the same which will be communicated to the Candidate(s) concerned. The Medical Examination by the Appellate Medical Board would be arranged at Bhubaneswar only and no travelling allowance or daily allowance will be admissible for the journeys performed in connection with the medical examination. No fee will be charged for filing an appeal against the findings of the Special Medical Board / Specialized Disability Medical Board.

No appeal would lie against the Appellate Medical Board as a matter of right. The decision of the Appellate Medical Board shall override any other decision passed earlier, by any other Board.

NB: In case of any difficulties, you may contact through E-Mail address as at **jsgad12@gmail.com**.


(S.N. Sahu)

Additional Secretary to Government

(a) Candidate's statement and declaration-

The candidate must make the statement required below prior to his Medical Examination and must sign the Declaration appended thereto. His attention is specially directed to the warning contained in the Note below:-

1.	State your name in full (in block letters)			
2.	State your age and birth place.			
3.	(a) Have you ever had smallpox intermittent or any other fever enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attack, rheumatism, appendicitis ? Or (b) Any other disease or accident requiring confinement to bed and medical or surgical treatment ?			
4.	When you were last vaccinated ?			
5.	Have you suffered from any form of nervousness due to over work or any other causes?			
6.	Furnish the following particulars concerning your family -			
	Father's age if living and state of health	Father's age at death and cause of death	No. of brothers living their age and state of health	No. of brothers dead, their age and causes of death.
	1	2	3	4
(i)				
(ii)				
(iii)				
	Mother's age if living and state of health	Mother's age at death and cause of death	No. of sisters living their age and state of health	No. of sisters dead, their age and causes of death.
	1	2	3	4
(i)				
(ii)				
(iii)				
7.	Have you been examined by a Medical Board before ?			
8.	If answer to the above is "Yes", please state what service/services you were examined for ?			
9.	Who was the examining authority ?			

10.	When and where was the Medical Board held ?	
11.	Result of the Medical Board's examination if communicated to you or if known.	
12.	All the above answers are to the best of my knowledge and belief, true and correct and I shall be liable for action under law for any material infirmity in the information furnished by me or suppression of relevant material information. The furnishing of false information or suppression of any factual information would be a disqualification and is likely to render me unfit for employment under the government. If the fact that false information has been furnished or that there has been suppression of any factual information comes to notice at any time during my services, my services would be liable to the terminated.	

Candidate's signature

Signed in my presence

Signature of the Chairman of the Board.

APPLICATION FORMAT FOR FILING APPEAL

To

The Director of Medical Education & Training, Odisha,
Bhubaneswar,
Chairman of the Appellate Medical Board.

Sub: Appeal against the findings of the Special Medical Board / Specialized Disability Medical Board during the Medical Examination for Odisha Civil Services Examination, 2020.

Madam / Sir,

I wish to bring to your notice that I have seen the medical report indicating my medical status as unfit / temporarily unfit / unfit for Odisha Police Service or mismatch in physical requirement and functional classification possessed by me vis-a-vis ascertained by the Special Medical Board / Specialized Disability Medical Board has been communicated.

2. I do not agree with the findings of the Special Medical Board / Specialized Disability Medical Board and wish to make an appeal for further examination of my medical status by the Appellate Medical Board.
3. In support of my claim, I wish to enclose the following documents: -
 - a)
 - b)
4. A date for re-examination by the Appellate Medical Board may please be intimated.

Yours faithfully,

(Name & Signature of the Candidate)

OPSC Roll No.

Rank in the OPSC Merit List

Email ID & Mobile No.

A copy of this Appeal forwarded to the Principal Secretary to Government, GA & PG Department, Government of Odisha, Lok Seva Bhawan, 751001 for information.