

l) Hypertension
If yes, please furnish details _____

m) Kidney disorder
If yes, please furnish details _____

n) Blood disorder
If yes, please furnish details _____

o) Congenital disorder
If yes, please furnish details _____

p) Hormonal Disorder (thyroid etc.)
If yes, please furnish details _____

q) Skeletal (Bony) Deformities or Limb Deficiencies
If yes, please furnish details _____

r) Hearing impairment

2. Have you undergone any surgery in the past? Yes No

If yes, please furnish details _____
(If yes, give details) _____

3. If you are on regular medication, please furnish details

4. Have you ever been examined and declared unfit for Government service by a Medical Officer/Medical Board (If yes, give details):

5. Have any of your near relative suffered from any of the above mentioned ailments (or any other disease (If yes, give details):

6. a) Do you wear spectacles or contact lenses? If yes mention the type of refractive error and the power of glasses/ contact lenses.

b) Have you undergone Lasik Laser eye surgery for refractive error, if yes what was the refractive error before corrective surgery and what is the visual acuity at present.

c) Do you have COLOR BLINDNESS ? Yes/ No

d) Have you suffered or suffering from any chronic eye disease?
If yes then please furnish the details.

7. for FEMALE CANDIDATES ONLY.

Are you pregnant?

If so please indicate the duration of pregnancy: _____ weeks,

The expected date of delivery. _____.

I declare that all the above information is true to the best of my knowledge and I have not willfully suppressed any information. I am aware that any misinformation on my part carries the risk of affecting my appointment/ joining

(Signature of Candidate)

Date: _____

Place: _____

(In case campus interview/ placement the candidate should put his / her signature in presence of the Presenting Officer from ONGC)

(Signed in my presence)

(Signature)

Name _____

Designation _____

Self Declaration on Medical Status

(Instruction for office use during Campus Interview)

- 1. Color Blindness is a criteria for permanent unfitness.*
- 2. Epilepsy is a criteria for permanent unfitness.*
- 3. The candidate with current illness or if the answer to Sl. No. is 'YES' he has to be instructed to get himself treated first and then may reappear subject to production of certificate of fitness from the treating doctor.*
- 4. The female candidates having pregnancy of more than 12 weeks are not fit to join till the delivery and after confinement period of 6 weeks and subject to production of a fitness certificate from medical practioner.*