### No. A-11019/46/2017-18/MF.CGA/NG/Pro-Acctts/679

Government of India,
Office of Controller General of Accounts
Ministry of Finance, D/o Expenditure,
Mahalekha Niyantrak Bhawan,
E- Block, CGO Complex, INA,
New Delhi-110023

Dated, 06th March 2018

To

**The Medical Superintendent,** Ram Manohar Lohia Hospital, New Delhi

Sub: Medical Examination of candidate for the post of Accountant.

Sir,

I am directed to say that **twenty nine candidates from NCT Delhi** has been nominated for appointment to the post of Accountant on direct recruitment basis through Combined Graduate Level Examination-2016 conducted by the Staff Selection Commission (SSC) and further allocation to the Departmental Accounts Organizations under the Controller General of Accounts, Ministry of Finance, Department of Expenditure. List of these candidates is enclosed for your ready reference.

It is therefore, requested to issue instructions to CMO (Medical examination) for necessary medical examination. The medical certificate and candidate's statement and declaration may be signed by CMO in the prescribed proforma (copy enclosed) and the same may handed over to the candidate for onward submission to this office so that the candidature of the above candidates for the aforesaid post may be considered.

Yours faithfully,

सुरेश कुमार गुप्ता/SURESH Kumar Gupta) वरिष्ठ लखा अधिकार, S. Sr. Accounts Officer कार्यालय महातेखा नियनक

वित गंत्रालय व्यय विभाग/Mir

#### Copy to:-

- 1. Dr. Niruta Sharma, CMO(Medical examination), RML Höspital, New Dellis क्रियानिक आइएन, गई दिल्ली
- 2. Concerned candidates (list enclosed) should report to the Chief Medical Officer (Medical Examination)R.M.L. Hospital, New Delhi, on any working day alongwith prescribed format (Annexure 'E' and 'F') within a week time from the date of receipt of this letter.

# LIST OF ALLOCATION OF COMBINED GRADUATE LEVEL EXAMINATION-2016 PASSED CANDIDATES FOR APPOINTMENT FOR THE POST OF ACCOUNTANT (RESIDENT OF DELHI STATE) IN THE DEPARTMENTALIZED ACCOUNTING ORGANISATION IN MINISTRIES/DEPTTS.

S/No.	NAME	ROLL No.	ALL INDIA RANK	CAT.	DOSSIERS RECD FROM (REGION)	PARMANANT ADDRESS	STATE TO WHICH BELONG
1	Divya Wadhwa	2201044900	SL/II/04362	GEN	NR	B-1100 MIG flats. East of Loni Road, Shahdara, Delhi- 110093	DELHI
	Ashahar Heyat	2201096766	SL/II/04042	GEN	NR	G-95, A-1st floor, Abul Fazal Enclave, Jamia Nagar, New Delhi-110025	DELHI
	Satyam Aggarwal	2201083696	SL/II/04053	GEN	NR	B-103, MIG Flats, Phase-4, Ashok Vihar, Delhi-110052	DELHI
	Shashank Jain	2201076951	SL/II/04371	GEN	NR	2183, Masjid Khajoor Gali, Hanuman Prasad, Dharampura, Delhi-110006	DELHI
5	Rahul Raj	2201073019	SL/II/07332	SC	NR	315-MIG Flats, Prasad Nagar, Karol Bagh, New Delhi-110005	DELHI
6	Jaspreet Singh	2201070296	SL/II/05824	ОВС	NR	E-3, Swaran Park, Mangal Bazar Road, Mundka, West Delhi-110041	DELHI
7	Vijeta Gupta	2201144563	SL/II/03700	ОВС	NR	S-5, Mithila Vihar, Prem Nagar-2, Kirari Suleman Nagar, New Delhi-110086	DELHI
	Kirti Lamba	2201159984	SL/II/04394	GEN	NR	H. No233, Qutabgarh, Delhi North West, Delhi-110039	DELHI
9	Mayank Dahiya	2201157932	SL/II/04348	GEN	NR	19/3, Cavalry Lane. University of Delhi, Delhi-110007	DELHI
10	Prashant Mishra	2201124238	SL/II/02185	GEN	NR	Flat 215 Block 15 Type 3 PWD Flats, Sector 3 Dwarka, Delhi-110078	DELHI
11	Mohit Tyagi	2201122551	SL/II/03548	GEN	NR	H. No7147, Mohalla Kesri Gali, Jain Mandir, Shahdara, Delhi-110032	DELHI
12	Prashant Gupta	2201115254	SL/II/06017	ОВС	NR	BE-152, Street No5, Hari Nagar, New Delhi-110064	DELHI
13	Suraj Goswami	2201175451	SL/II/04840	ОВС	NR	64 Block, H. No. 759. RK Ashram Marg, Panchkuian Road, New Delhi-110001	DELHI
14	Abhishek Rana	2201164656	SL/II/02848	GEN	NR	H. No229, Near Railway fatak, Kherakalan, Delhi-110082	DELHI
15	Divya Raje Singh	2201210456	SL/II/03293	GEN	NR	1/603, Second Floor, Hamilton Road, Kashmere Gate, Delhi-110006	DELHI
	Ved Prakash	2201208335	SL/II/04352	GEN	NR	Flat No-102, Palam Apartment, Bijwasan, New Delhi-110061	DELHI
17	Priyanka	2201302621	SL/II/04322	GEN	NR	98, Delhi Govt. Residential Complex, Sector-11, Rohini, Delhi-110085	DELHI
18	Mohit Garg	2201281965	SL/II/04156	GEN	NR	WZ-350, F1, Gali No-2, Srinagar, Delhi-110034	DELHI
19	Sonu Tiwari	2201279817	SL/II/04196	GEN	NR	1/5, Kapil Vihar, Mukundpur, Part-2, Delhi-110042	DELHI
20	Vikas Singh	2201338653	SL/II/04222	GEN	NR	H No-620, Pocket-6, Sec-A-10, Narela, Delhi-110040	DELHI
21	Piyush Sharma	8201079751	SL/II/01187	GEN	SR	1/10, 772, Subhash Park, Street No 2, Naveen Shahdara, Delhi-110032	DELHI
22	SOURABH MALIK	2201107338	SL /II/03004	UR	NR	D-17/4, Chandu Nagar Delhi-110094	DELHI
23	PAWAN KHATRI	2201016930	SL /II/04152	UR	NR	1295, Lodhi Road Complex New Delhi-110003	DELHI
24	SAARANSH GOSWAMI	2201432147	SL /II/04159	UR	NR	Block 18, H. No 13-C, 3rd Floor, Moti Nagar, Ramesh Nagar, New Delhi-110015	DELHI
25	PRANSHU KUMAR	2201230947	SL/II/04216	UR	NR	H No. 31 A, Extn-2B, Nangloi, Delhi-110041	DELHI
26	ANJALI	2201042868	SL/II/04291	UR	NR	A-12/2, Tigri Extn. New Delhi 110062	DELHI
	RAKSHIT MALHOTRA	2201003277	SL/II/04373	UR	NR	325, FF, A3 Paschim Vihar, New Delhi 110063	DELHI
28	ASHISH KUMAR SEHRA	2201276640	SL/II/07218	ST	NR	Flat No. 01, 60/17, Ramjas Road, Karolbagh, New Delhi-110005	DELHI
	SANDEEP KUMAR BALIA	2201081674	SL/II/07382	SC	NR	1/3758, A-Ramnagar, Loni Road, Shahdara Delhi-110032	DELHI

Sar

सुरेश कुमार गुप्ता/SURESH KUMAR GUPTA वरिष्ठ लेखा अधिकारी/ Senior Accounts Officer कार्यालय महालेखा नियंत्रक/Oc Controller General of Accounts वित्त महालेखा वियंत्रक / Oc Controller General of Accounts वित्त महालय, व्यय विभाग/Min of Finance, Deptt of Expenditure महलेखा नियंत्रक भाग ई-व्लाक तीपीओ कॉम्पलेक्स, आईएनए, नई दिल्ली Mahalekha Niyantrak Bhawan, E-Block, G.P.O. Complex, INA, New Delhi

## **CANDIDATE'S STATEMENT AND DECLARATION**

(The candidate must make the following statement and must sign the declaration below it before the medical officer. Attention is specially invited to the **WARNING** in the 'Note' at the bottom of page 2.)

	Name in full (in BLOCK letters)
2.	Age and place of birth
3.	
	(a) Small-pox, intermittent fever and
	other fever, enlargement
	suppuration of glands, spitting of blood,
	fainting attacks, rheumatism or appendicitis)
	OR
	Any other disease or accident requiring confinement
	to bed and medical or surgical treatment?
4.	
5.	Have you or any of your relatives been
	afflicted by consumption, scrofula, gout, asthma,
	fits, epilepsy or insanity?
6.	Have you suffered from any form of nervousness
	due to overwork or any other cause?
7.	Have you been examined and declared fit
	for Govt. service by a Medical officer/Medical
	Board within the last three years?
8.	Furnish the following particulars:

Furnish the	e follov	ving	particulars:		
Father's living, & health			Father's age at the time of death and cause of death	No. of brothers, living, their ages and state of health	No. of brothers who have died, their ages at death and cause of death
Mother's living, & health	age, state	if of	Mother's age at the time of death and cause of death	No. of sisters, living, their ages and state of health	No. of sisters who have died, their ages at death and cause of death
				:	

#### **DECLARATION**

I declare that all the above answers are true and correct to the best of my knowledge and belief. I also solemnly affirm that I have not received any disability certificate/pension on account of any disease or other condition.

Signed

	Signature of candidate
Ĉ.	Date
in my	presence.
Sign	ature of Medical Officer
	Name
	Stamp with address

Note: The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information he will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to superannuation allowance or gratuity.

(Please take back to back print)

## FORM OF MEDICAL CERTIFICATE

do not consider this a disqualific			
The age of Shri/Smt./Kum statement isyears, a	nd by appearance	e is about	according to his/her ow - years.
		a la	
(Signature/thumb impression of	the candidate)		
Date			
(To be signed in the presence of t	the examining M	edical Officer)	
•			
		-	
(Paste a photograph of			
the candidate examined)			
	*		
Seal should be spread over form and the			
photograph			*
			Signature of Medical Office
*		*	Name
	*)		Address and Official se
		6.	