F. No.21023/09/2018-PMA (Vol-II)
Government of India/भारतसरकार
Ministry of Home Affairs/गृहमंत्रालय
[Police Division-II]
PMA Cell
****

North Block,New Delhi, 110001
Dtd 23rd October, 2018.

To

1. DsG (P)s of
Jammu & Kashmir, Uttara Pradesh, Telangana, Kerala, Rajasthan
2. DsG, SSB, CRPF , ITBP & BSF
3. CP Delhi and Director CBI

Subject:-: <u>Nomination of Police Officers for deployment to UNMISS against the rotational vacancies :-</u>

The undersigned is directed to say that this ministry is going to nominate the following 12 Main and 03 Reserve officers for UNMISS from current UN SAAT panel of 2018-2020 for selection against the rotational vacancies due with South Sudan on availability of requisite documents:

SAAT Rank No.	Designation	Name	State/Organization
01	Comdt	Mr. Rajneesh Lamba	SSB
02	SP	Mr. Naveed Peerzada	J&K Police
03	Comdt	Mr. Sanjeev Hampal	CRPF
04	Inspr/ACP	Mr Anand Singh Dahiya	Delhi Police
05	Inspr	Mr Pramod K Srivastava	UP Police
06	Comdt	Mr Suresh Sukumaran	CRPF
07	Comdt	Mr Rajendra Prasad	CRPF
08	Comdt	Mr Rajiv Bhardwaj	BSF
09	Second-in-Command	Mr Roshan Lal Thakur	ITBP
10	Dy.SP	Mr Kuljeet Singh	J&K Police
11	Inspr	Mr Tejprakash Devrani	CBI
12	Dy.SP	Mr Prathap Kumar B	Telangana Police
Reserve nominees			
13	Dy.SP	Mr P Niyas	Kerala Police
14	Inspr	Mr. Sangram Singh Bhati	Rajasthan Police
15	Comdt	Mr Vinay Yadav	BSF

2. It is requested to inform concerned nominated officers to obtain political clearance from MEA through online portal for submitting their application (www.epolclearance.gov.in) and submit the same to this ministry.

3. It is also requested to inform all concerned to submit their Fresh EASP form, MS-2 (Medical report) comprising Lab, ECG and X ray report , disciplinary/vigilance/violation of Human Rights and Traffics rules certificated , **Human Right Certificate**(proforma enclosed) along with No objection certificate from MEA (political clearance) and copy of valid official passport(Min 02 years of validity) to MHA by **31st October, 2018**

4. It is also informed that all the above required documents are mandatory and **must be submitted in hard and soft copy through mail to sopma@nic.in in PDF format) before the deadline i.e 31st October, 2018**. On receiving the availability of the officers and requisite documents, the nominations will be forwarded to UN for selection/deployment orders.

Enclr : As above.

(Harish Chandra Rai)
Under Secretary to GoI
☎:🖷-23092527

Copy to:-

1. DS(UNP), MEA, JNB-2029(A), New Delhi
2. **SO (IT), MHA**, North Block- With the request to upload on MHA website (Under the head : UN SAAT 2018-2020)

FAO	IAEA	ILO	ITC	ITU	UN	UNDP	UNESCO	UNICEF	UNIDO	WHO	WIPO	WMO	WTO

CONFIDENTIAL

ENTRY MEDICAL EXAMINATION

UNITED NATIONS AND SPECIALIZED AGENCIES

I hereby authorize any of the doctors, hospitals or clinics mentioned in this form to provide the United Nations Medical Service with copies of all my medical records so that the Organization can take action upon my application for employment.

I certify that the statements made by me in answer to the questions below are, to the best of my knowledge, true, complete and correct. I realize that any incorrect statement or material omission in the medical information form or in any other document required by the Organization renders a staff member liable to termination or dismissal.

Date:(dd/mm/yy) ------------------------------------ Signature: ------------------------------------

Pages 1 and 2 are to be completed by the candidate

FAMILY NAME (IN BLOCK CAPITALS)

GIVEN NAMES

MAIDEN NAME (FOR WOMEN ONLY)

SEX ☐ M ☐ F

ADDRESS (STREET, TOWN, DISTRICT OR PROVINCE, COUNTRY)

DATE OF BIRTH

NATIONALITY

POSITION APPLIED FOR (DESCRIBE NATURE OF WORK)

TELEPHONE

BIRTHPLACE

PRESENT MARITAL STATUS

Single ☐

Married ☐ DATE: (d/m/y) ------------------

Divorced ☐ DATE: (d/m/y) --------------

Separated ☐ DATE: (d/m/y) ------------------

Widowed ☐ DATE: (d/m/y) --------------

DUTY STATION

Have you ever undergone a medical examination for the United Nations or one of its agencies? ------------------------------------

Have you ever been employed by the United Nations or one of its agencies? ------------------------------------

If so, please state when, where and for which Organization: ------------------------------------

FAMILY HISTORY

Relative	Age (if still alive)	State of Health (If still alive, present state; if deceased, cause of death)	Age At death	Have members of your family had the following illnesses or disorders?	Yes	No	Who?
Father				High Blood Pressure	☐	☐	
Mother				Heart Disease	☐	☐	
Brothers				Diabetes	☐	☐	
Sisters				Tuberculosis	☐	☐	
Spouse				Asthma	☐	☐	
Children				Cancer	☐	☐	
				Epilepsy	☐	☐	
				Mental Disorders	☐	☐	
				Paralysis	☐	☐	

TO BE COMPLETED BY THE OFFICIAL REQUESTING THE MEDICAL EXAMINATION

Name of Official: ------------------------------------

Department or Unit: ------------------------------------

Date:

TO BE COMPLETED BY THE DIRECTOR OF THE MEDICAL SERVICE

Medical Classification: 1a 1b 2a 2b

Comments: ------------------------------------

DATE: (d/m/y) Signature:

VERY IMPORTANT: ***Please indicate the recruiting Agency or Organization:***

Each question requires a specific answer (yes, no, date, etc.); to leave a blank or draw a line is not sufficient. If the questionnaire is not fully completed and enquiries are therefore needed, time may be lost.

1. Have you suffered from any of the following diseases or disorders? Check yes or no. If yes, state the year.

	YES Date	NO		YES Date	NO		YES Date	NO		YES Date	NO
Frequent sore throats		☐	Heart and blood vessel disease		☐	Urinary disorder		☐	Fainting spells		☐
Hay fever		☐	Pains in the heart region		☐	Kidney trouble		☐	Epilepsy		☐
Asthma		☐	Varicose veins		☐	Kidney stones		☐	Diabetes		☐
Tuberculosis		☐	Frequent indigestion		☐	Back pain		☐	Gonorrhoea		☐
Pneumonia		☐	Ulcer of stomach or duodenum		☐	Joint problems		☐	Any other sexually transmitted disease		☐
Pleurisy		☐	Jaundice		☐	Skin disease		☐	Tropical diseases		☐
Repeated bronchitis		☐	Gall stones		☐	Sleeplessness		☐	Amoebic dysentery		☐
Rheumatic fever		☐	Hernia		☐	Any nervous or mental disorder		☐	Malaria		☐
High blood pressure		☐	Haemorrhoids		☐	Frequent headaches		☐			☐

2. Are you being treated for any condition now? ________ Describe: ________
3. Have you ever coughed up blood? ________
4. Have you ever noticed blood in your stools? ________ In your urine? ________ Give details: ________
5. Have you ever been hospitalized (hospital, clinic, etc.)? ________
   Why, where and when? ________
6. Have you ever been absent from work for longer than one month through illness? ________ If so, when? ________
   And for what illness? ________
7. Have you had any accidents as a result of which you are partially disabled? ________ If so, what and when? ________
   Do you have any other disability? ________
8. Have you ever consulted a neurologist, a psychiatrist or a psychoanalyst? ________
   If so, please give his/her name and address: ________
   For what reason? ________ Date of consultation:(d/m/y)
9. Are you taking any medicine regularly? ________ If so, which? ________
10. Have you gained or lost weight during the last three years? ________ If so, how much? ________
11. Have you ever been refused life insurance? ________ If so, state reason: ________
12. Have you ever been refused employment on health grounds? ________ If so, state reason: ________
13. Have you ever received or applied for a pension or compensation for any permanent disability? ________ Degree? ________
    Please give details: ________
14. Have you ever stayed in a tropical country? ________ If so, for how long? ________
15. Have you in the past suffered from any condition which prevented travel by air? ________
16. Do you consider yourself to be in good health? ________ Do you have full work capacity? ________
17. Do you smoke regularly? ☐ Yes ☐ No If so, what do you smoke? ☐ Cigarettes ☐ Pipe ☐ Cigars
    For how many years have you smoked? ________ How much per day? ________
18. Daily consumption of alcoholic beverages: ________
19. Has any doctor or dentist advised you to undergo medical or surgical treatment in the foreseeable future? ________
    Give details: ________
20. Give any other significant information concerning your health: ________

21. What is your occupation? ________
    ________ Indicate at least three posts you have occupied: ________

22. List any occupational or other hazards to which you have been exposed: ________

23. Have you been rejected for military service for medical reasons? ________

24. **FOR WOMEN**
    Are your periods regular? ☐ Yes ☐ No
    Are they painful? ☐ Yes ☐ No
    Do you have to stay in bed when they come? ☐ Yes ☐ No
    If so, for how long? ________ Date of your last period: ________
    Do you take contraceptive pills? ☐ Yes ☐ No If so, for how many years have you been doing so? ________
    Have you ever been treated for a gynaecological complaint? ☐ Yes ☐ No
    If so, which? ________

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

GENERAL APPEARANCE

Skin: ______ Height: cm. ______ Weight: kg. ______
Scalp: ______

SIGHT, MEASURED VISUAL ACUITY

Gross vision : Right ______ Left ______
Vision with spectacles : Right ______ Left ______
Near vision : Right ______ Left ______
With correction : Right ______ Left ______
Pupils: Equal? ______ Regular? ______
Fundi (if necessary): ______
Colour vision: ______

HEARING (test by whispering)

Right : Normal : ______ Sufficient: ______ Insufficient: ______
Left : Normal : ______ Sufficient: ______ Insufficient: ______
Ear drum : Right : ______ Left: ______

NOSE-MOUTH-NECK

Nose : ______ Pharynx : ______ Teeth : ______
Tongue : ______ Tonsils : ______ Thyroid : ______

CARDIOVASCULAR SYSTEM

Pulse rate : ______ Auscultation : ______
Rhythm : ______ Blood pressure : ______
Apex beat : ______ Varicose veins : ______
Electrocardiogram ______ Please attach tracing

Peripheral arteries
-carotid : ______
-posterior tibial : ______
-dorsalis pedes : ______

RESPIRATORY SYSTEM

Thorax: ______
Breasts

DIGESTIVE SYSTEM

Abdomen : ______
Liver : ______
Spleen: ______
Hernia: ______
Rectal examination: ______

NERVOUS SYSTEM

Papillary reflexes: { - To light: ______ - On accommodation: ______
Patellar reflexes : ______
Achilles reflexes: ______
Plantar reflexes : ______
Motor functions : ______
Sensory functions : ______
Muscular tonus : ______
Romberg's sign : ______

MENTAL STATE

Appearance: ______ Behaviour: ______

GENITO-URINARY SYSTEM

Kidneys: ______ Genitals: ______

SKELETAL SYSTEM

Skull : ______
Spine: ______
Upper extremities: ______
Lower extremities: ______

LYMPHATIC SYSTEM

CHEST X-RAY (Please send only the radiologist's report based on a "full-size" X-ray film).

LABORATORY

The results of all the following investigations must be included except where marked "if indicated".
Except by prior agreement, only the investigations mentioned are done at the Organization's expense.

Urine : Albumin ____________ Sugar ____________ Microscopic ____________

Blood: Haemoglobin : ________ % ________ Grams/1
Haematocrit : ________ % ________
Erythrocytes : ________
Leucocytes : ________
Differential count (if indicated): ________
Blood sedimentation rate: ________

Blood chemistry:
Sugar : ________
Cholesterol : ________
Urea or creatinine: ________
Uric acid : ________

Serological test for syphilis: Please attach laboratory report

Stool examination (if indicated):

COMMENTS (Please comment on all the positive answers given by the candidate and summarize the abnormal findings)

CONCLUSIONS (Please state your opinion on the physical and mental health of the candidate and fitness for the proposed post)

The examining doctor is requested before sending this report to verify that the questionnaire, pages 1 and 2 of this form, has been fully completed by the candidate and that all the results of the investigations required are given on the report. Incomplete reports are a major source of delay in recruitment.

Name of the examining physician (in block capitals):

____

Address:

____

Signature: ________________

DATE: (d/m/y) ________________

HR CERTIFICATE

It is certified that ______________________________ was neither convicted nor currently under investigation or being prosecuted for any criminal offence including violation of International Human Rights Law and International Humanitarian Law. It is also to certify that Government/Org. of …………(concerned state/Org,) is aware that there is no allegation against him/her as such and he/she has not committed or even involved, by act or omission, the commission of any act that may amount of violations of International Human Rights Law and International Humanitarian Law.

To be signed by an officer
Not below the rank of DIG/Director