

NATIONAL INSTITUTE OF FASHION TECHNOLOGY
ESTABLISHMENT SECTION, HEAD OFFICE
NEW DELHI

No.NIFT/HO/E-I/Medical Policy/2016

12th January, 2018

OFFICE MEMORANDUM

Sub: Introduction of Annual Medical Examination for the Group 'A' Officers of age 40 years and above in NIFT.

The Standing Committee of Board on Establishment Matter in its 24th Meeting held on 02.12.17 has granted approval for introduction of Annual Medical Examination for Group 'A' officers of age 40 years and above in NIFT.


2. The ceiling for reimbursement of expenditure for undergoing annual medical examination shall be Rs.2000/- for male and Rs.2200/- for female officers. The reimbursement to Group 'A' Officers shall be over & above the ceiling fixed for OPD reimbursement from time to time.

3. A list of medical tests to be done is provided in Annexure-I and a proforma for summary of medical report in the Annexure-II which shall be required to be attached to the APAR of the concerned Group 'A' Officer. The column about the state of health of the employee shall be filled in the APAR based on the medical report.

4. The APAR proforma henceforth shall carry a column as below:

State of Health:

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20/1/18
(Simesh Verma)
Registrar

To

1. All Campus Directors
2. All HoDs, NIFT Head Office
3. Director(IT) - with a request to upload this OM on NIFT's website.
4. Sh. D.P. Solanki, NIFT HO – to incorporate the Column of "State of Health" in APAR proforma for Group 'A' Officers.

ANNEXURE-I

- 3 -

INVESTIGATION REPORTS**Tests for Group 'A' Officers**

1.	Haemogram (i) Haemoglobin (ii) TLC (iii) DLC (a) Polymorphs (b) Lymphocytes (c) Eosinophils (d) Basophils (e) Monocytes (iv) Peripheral Smear
2.	Urine Examination (i) Colour (ii) Albumin (iii) Sugar (iv) Microscopic Exam.
3.	Blood Sugar (i) Fasting (ii) Post-Prandial
4.	Lipid Profile (i) Total Cholesterol (ii) HDL Cholesterol (iii) LDL Cholesterol (iv) VLDL Cholesterol (v) Triglycerides
5.	Liver Function Tests (i) S. Bilirubin (Total) (ii) S. Bilirubin (Direct) (iii) S.G.O.T. (iv) S.G.P.T.
6.	Kidney Function Tests (i) Blood Urea (ii) S. Creatinine (iii) S. Uric Acid

Contd...

7.	Cardiac Profile (i) S.LDH (ii) CK-MB (iii) S.CRP (iv) SGOT <u>For Men</u> (v) PSA <u>For Women</u> (vi) PAP SMEAR
8.	X-Ray-Chest PA View Report
9.	ECG Report
10.	USG Abdomen Report
11.	TMT Report
12.	Mammography Report (Women)

Gynecological Health Check UP

1	Pelvic Examination (i) Local Examination (ii) Per Vaginum (PV) (iii) Per Speculum
	Surgical Examination
	Breast Examination
	Urological Examination (For Men only)
	Rectal Examination (For Men only)

Systemic Examination

1.	Resp System
2.	CVS
3.	Abdomen
4.	CNS
5.	Locomotor System
6.	Dental Examination

Contd....

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Eye Examination

1.	Distant Vision
2.	Vision with Glasses
3.	Colour Vision
4.	Tonometry
5.	Fundus Examination

ENT

1.	Oral Cavity
2.	Nose
3.	Throat
4.	Larynx

Contd.....

ANNEXURE-I

- 7 -

SUMMARY OF MEDICAL REPORT (ONLY COPY OF THIS PART IS TO BE ATTACHED TO APAR)

1.	Overall Health of the officer	
2.	Any other remarks based on the Health Medical Check- up of the officer	
3.	Health profile grading	

Date:

Signature of Medical Authority
Designation

Contd.....

PROFORMA FOR HEALTH CHECK UP FOR OFFICERS

Name : _____

Age : _____ Sex : M/F

Marital Status: Married Unmarried

Residential Address: _____

Tele-contact: _____

E-mail ID: _____

Office Address: _____

Blood Group: _____

History of Known Illness

Raised BP- Yes No If, yes- on Regular treatment- Yes No

DM - Yes No If, yes- on Regular treatment- Yes No

IHD- Yes No If, yes- on Regular treatment- Yes No

Stroke- Yes No If, yes- on Regular treatment- Yes No

Kidney Disease:
Chronic Renal Failure- Yes No If, yes- on Regular Dialysis- Yes No

Any history of Surgery/ prolonged hospitalization (more than 2 weeks)

Yes / NO if yes, reasons thereof

Any history of loss of appetite- Yes No

Any history of loss of Weight- Yes No

Contd.

Any history of altered bowel habit Yes No

Any history of Chewing Tobacco Yes No

Family History of: DM HT Obesity

Premature CAD Yes/ No

Malignancy Yes/ No

Stroke Yes/ No

T.B. Yes/ No

Glaucoma & Premature Cataract Yes/No

Smoker Yes No If yes Number per day

Ex-Smoker Years of Smoking Years of quitting smoking

Vegetarian Yes No Non vegetarian Yes No

Pan Masala Yes No

Alcohol Yes No If regular quantity in ml per day

Regular Exercise Yes No
Nature of Exercise

Walking

Jogging

Cycling

Swimming