



Office of the  
Principal Chief Commissioner of Income tax,  
10th Floor, D Block, Income tax Towers,  
AC Guards, Hyderabad.

Pr.CCIT/Wel/IRS(Medical)/2014-15

Date : 12-03-2015

**OFFICE MEMORANDUM**

**Sub:** Introduction of Scheme of Annual Medical Examination for Group 'A'  
Officers of Income Tax Department – Reg.  
**Ref:** CBDT letter in F.No.HRD/CM/129/01/2014-15 dt.02/12/2014.

\*\*\*\*

Government of India vide DoPT OM F.No 21011/1/12009-Estt(A)-Part dated 1<sup>st</sup> February, 2012 has introduced Annual Medical Examination Scheme for Group 'A' officers of Central Civil Services above the age of 40 years. All Group 'A' Officers of Income Tax Department above the age of 40 years have to undergo the said Medical Check up mandatorily and such report of Medical Check up is required to be enclosed with the Annual Performance Report (APAR) from the reporting year 2014-15 onwards.

2. In this regard, (i) the list of empanelled hospitals in AP & Telangana (ii) the list of investigations/tests to be conducted and (iii) the proforma of Summary of Medical Report to be issued by the concerned Hospitals are enclosed separately in Annexure I, II & III respectively.

3. The approved package rates for the above Medical Check up are as under –

- (i) Annual Medical Examination of Men Officers – Rs.2,000/-
- (ii) Annual Medical Examination of Women Officers – Rs.2,200/-

Expenditure incurred in this regard may be submitted to their respective DDO's for reimbursement.

Encl: As above.

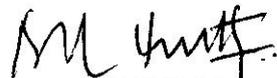
Sd/-

( I. SURESH BABU )

Pr. Chief Commissioner of Income Tax,  
Andhra Pradesh & Telangana.

Copy to:

1. The Chief Commissioner of Income Tax, Hyderabad.
2. The Director General of Income Tax(Inv.), Hyderabad.
3. The Chief Commissioner of Income Tax, Vijayawada.
4. The Chief Commissioner of Income Tax, Visakhapatnam.
5. All the Pr.CsIT/CsIT/DsIT of Andhra Pradesh & Telangana.
6. All the Addl.CsIT/JCsIT/Addl.DsIT/JDsIT of Andhra Pradesh & Telangana.
7. Notice Boards.

  
(R.S.R. MURTHY)

Income Tax Officer (Hqrs) (Wel)  
O/o Pr. CCIT, Hyderabad.

## **AUTHORISATION LETTER**

*(for undergoing Medical Checkup for Group 'A' officers of Income tax Department AP & Telangana)*

Sri/Smt \_\_\_\_\_

is a Group-A IRS officer of Income Tax Department and is above the age of 40 years. He/She is authorized to undergo Medical Check-up as per the approved rates as under -

- (i) Annual Medical Examination of Men Officers – Rs.2,000/-
- (ii) Annual Medical Examination of Women Officers – Rs.2,200/-

Date:

Place:

Head of Department/Office

To  
The Manager  
(Name of the Hospital)  
(Address)

**List of empanelled Hospitals in Andhra Pradesh & Telangana**

<b>S No</b>	<b>Station</b>		<b>Name of the Hospital &amp; Address</b>
1	Hyderabad	1	<b>Vijaya Diagnostic Centre Pvt. Ltd.</b> 16 & 17, Street # 19, Himayatnagar, Hyderabad - 500 029
2	Visakhapatnam	1	<b>Vijaya Diagnostic Centre Pvt. Ltd.</b> 13-26-7, Opp: Majid, Beside KGH up Road, Jagdamba Centre, Visakhapatnam.
3	Vijayawada	1	<b>NRI Academy of Sciences,</b> Chinakakani-Mangalagiri Mandal, Guntur - 522 503
		2	<b>Help Hospitals</b> Behind Victoria Museum, M.G. Road, Vijayawada
		3	<b>Nagarjuna Hospitals,</b> Kanuru, Vijayawada
		4	<b>Andhra Hospitals(Vijayawada) Pvt. Ltd.,</b> C.V.R. Complex, Prakasam Road, Vijayawada
4	Guntur	1	<b>NRI Academy of Sciences,</b> Chinakakani-Mangalagiri Mandal, Guntur - 522 503
		2	<b>Lalitha Super Specialities Hospitals Pvt. Ltd.</b> Kothapet, Guntur - 522 001
5	Kurnool	1	<b>Vijaya Diagnostic Centre Pvt. Ltd.</b> 50/760A-116, Plot No.81 & 82, Gayathri Estates, Kurnool.
6	Rajahmundry	1	<b>Swatantra Hospitals (Multi Specialities) Pvt. Ltd.</b> Near Kambala Park, Rajahmundry - 533 105

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

1	<b><u>Heamogram</u></b>
	(i) Heamoglobin
	(ii) TLC
	(iii) DLC :
	(a) Polymorphs
	(b) Lymphocytes
	(c) Eosinophils
	(d) Basophils
(e) Monocytes	
2	<b><u>Urine Examination</u></b>
	(i) Colour
	(ii) Albumin
	(iii) Sugar
	(iv) Microscopic Ezam
3	<b><u>Blood Sugar</u></b>
	(i) Fasting
	(ii) Post-Prandial
4	<b><u>Lipid Profile</u></b>
	(i) Total Cholesterol
	(ii) HDL Cholesterol
	(iii) LDL Cholesterol
	(iv) VLDL Cholesterol
	(v) Triglycerides
5	<b><u>Liver Function Tests</u></b>
	(i) S. Bilirubin (Total)
	(ii) S. Bilirubin (Direct)
	(iii) S.G.O.T.
	(iv) S.G.P.T.
6	<b><u>Kidney Function Tests</u></b>
	(i) Blood Urea
	(ii) S. Creatinine
	(iii) S. Urine Acid
7	<b><u>Cardiac Profile</u></b>
	(i) S. LDH
	(ii) CK-MB
	(iii) S.CRP
	(iv) SGOT
	<b><u>For Men</u></b>
	(v) PSA
	<b><u>For Women</u></b>
	(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 Chech up**

1	<b><u>Pelvic Examination</u></b>
	(i) Local Examination
	(ii) Per Vaginum (P/V)
	(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

**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

**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 Gr.A 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

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