

प्रधानमहालेखाकार(लेखापरीक्षा-I)का कार्यालय, ओडिशा, भुवनेश्वर  
OFFICE OF THE PRINCIPAL ACCOUNTANT GENERAL (AUDIT-I),  
ODISHA: BHUBANESWAR.

**CIRCULAR**

In pursuance of Hdqrs Circular No. 03/Staff(Appt.-V)/2021 under letter No.166/Staff (Appt.-V)/86-2021 dated 10.05.2022, DoPT OM No.21011/1/2009-Estt.(A)-Part dated 01.02.2012, all serving Senior Audit Officers (Civil/Coml.) *of age 40 years and above* of the 03 local audit offices are hereby requested to make Annual Medical Examination of their health in the authorised medicals and submit copy of summary of medical report in *Annexure-III (PDF format)* to the Sr. AO/Confidential Cell *latest by 15.03.2025 by email* at [pandask.odi.sca@cag.gov.in](mailto:pandask.odi.sca@cag.gov.in) for uploading in Section-I of the concerned APAR for the year 2024-25. The name and designation of the individual Sr. Audit Officer needs to be mentioned in the Medical Report.

संलग्नक: उपरोक्तानुसार

Sd/-  
उप महालेखाकार/प्रशासन

Memo No. Admn (Au-I)/Conf. Cell/50/SPARROW/239

Date: -06.02.2025

Copy forwarded to the Welfare Officer with a request to circulate the list of the authorised medicals in Odisha for kind information of all the Senior Audit Officers (Civil/Coml.) in connection with the Annual Medical Examination.

Sd/-

वरिष्ठ लेखापरीक्षा अधिकारी/गोपनीय कक्ष

Memo No. Admn (Au-I)/Conf. Cell/50/SPARROW/240

Date: -06.02.2025

Copy for kind information and necessary action forwarded to:-

1. The Secretary to the Pr. AG (Audit-I), Odisha, Bhubaneswar.
2. The Secretary to the AG (Audit-II), Odisha, Bhubaneswar.
3. The Director/CRA, O/o the PD of Audit (C), Hyderabad, Branch: Bhubaneswar
4. The DAG/Admn, DAG/AMG-I, DAG/AMG-II, DAG/AMG-III, DAG/AMG-IV, DAG/AMG-V, O/o the Pr. AG (Audit-I), Odisha, Bhubaneswar.
5. The DAG/Admn, DAG/AMG-I, DAG/AMG-II, Branch: Puri, DAG/AMG-III, O/o the AG (Audit-II), Odisha, Bhubaneswar.

6. The Sr. AO of the following sections of the O/o the Pr. AG (Audit-I), Odisha, Bhubaneswar for necessary action.

Admn, AMG-I (Co- ord) Report/PAC	OE & Cash AMG-II (Co- ord) Report (LB)	Office Mgt. AMG-III (Co- ord) Legal Cell/ITA	Estate Cell AMG-IV (Co- ord) Roort(M)	Trg & Exam/ AMG-V (Co- ord) DA & RC
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7. The Sr. AO of the following sections of the O/o the AG (Audit-II), Odisha, Bhubaneswar for necessary action.

Admn, ECPA	OE & Cash EDP Cell	Office Mgt. ITA	Training AMG-I (Co-ord)	Vigilance AMG-II/OE, Puri
AMG-III (Co- ord)	Report/Civil	Report/PSU		

8. The Sr. AO/Admn, O/o the PD of Audit (CRA), Hyderabad, Branch: Bhubaneswar for necessary action.
9. The AAO / DA & RC. The PDF file of the Circular hosted in office web site.
10. Notice Board.

समीक्षा पत्र  
06/02/2023

वरिष्ठ लेखापरीक्षा अधिकारी/गोपनीय कक्ष

ANNEXURE-I

- 3 -

INVESTIGATION REPORTSTests for Group 'A' Officers

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

Contd...

7.	<p><b>Cardiac Profile</b></p> <p>(i) S.LDH (ii) CK-MB (iii) S.CRP (iv) SGOT</p> <p><b>For Men</b></p> <p>(v) PSA</p> <p><b>For Women</b></p> <p>(vi) PAP SMEAR</p>
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	<p><b>Pelvic Examination</b></p> <p>(i) Local Examination (ii) Per Vaginum (PV) (iii) Per Speculum</p>
	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....

- 5-

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

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Contd.....

ANNEXURE-III

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 G.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

*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