North Block, New Delhi  
Dated: 26th February, 2013

To

All Ministries/Departments of Govt. of India

Subject: The All India Services (PAR) Rules, 2007 – Revised proforma for annual health check-up of IAS Officers and revised rates thereof.

Sir,

I am directed to state that this Department vide notification of even number dated 19th February, 2013 have notified revised proforma for annual health check-up of IAS Officers. Copy of the revised proforma for annual health check-up is enclosed.

2. It is also informed that Ministry of Health & Family Welfare has approved the revised rates for health check-up, i.e. Rs. 2000/- for men and Rs. 2200/- for women in respect of AIS-Officers at par with Group ‘A’ officers of CCS.

3. It is further informed that only part “C” of the Annual Health Check-up is required to be attached in the PAR of Member of Service.

4. The content of this letter may be brought to the notice of all the members of the All India Services.

Encl: As above

Yours faithfully,

[Signature]
(Deepti Umashankar)
Director (Services)

Copy to:

1. Chief Secretaries of all States.
2. UTS Desk/IPS-II Section, Ministry of Home Affairs, North Block, New Delhi.
4. NIC for uploading it on the website <OM & Orders<Services<AIS(PAR) Rules, 2007>
PROFORMA FOR HEALTH CHECK UP

Date:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex: M/F</th>
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</thead>
</table>

A. Investigations Reports

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...2
7. **Cardiac Profile**
   (i) S.LDH
   (ii) CK-MB
   (iii) S.CRP
   (iv) SGOT

   **For Men**
   (v) PSA

   **For Women**
   (vi) PAP SMEAR

8. **X-Ray-Chest PA View Report**

9. **ECG Report**

10. **USG Abdomen Report**

11. **TMT Report**

12. **Mammography Report (Women)**

13. **Gynaecological Health Check Up**
   (i) Pelvic Examination
      (a) Local Examination
      (b) Per Vaginum (P/V)
      (c) Per Speculum
   (ii) Surgical Examination
   (iii) Breast Examination

14. (i) Urological Examination (For Men Only)
    (ii) Rectal Examination (For Men Only)

15. **Systemic Examination**
   (i) Resp System
   (ii) CVS
   (iii) Abdomen
   (iv) CNS
   (v) Locomotor System
   (vi) Dental Examination

16. **Eye Examination**
   (i) Distant Vision
   (ii) Vision with Glasses
   (iii) Colour Vision
   (iv) Tonometry
   (v) Fundus Examination

17. **ENT**
   (i) Oral Cavity
   (ii) Nose
   (iii) Throat
   (iv) Larynx

Contd...3
### B. Medical Report of the Officer

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Haemoglobin level of the officer</td>
<td>Normal/Low</td>
</tr>
<tr>
<td>2</td>
<td>Blood Sugar Level</td>
<td>Satisfactory/Normal/High/Low</td>
</tr>
<tr>
<td>3</td>
<td>Cholesterol level of the officer</td>
<td>Normal/High/Low</td>
</tr>
<tr>
<td>4</td>
<td>Liver functioning</td>
<td>Satisfactory/normal/dysfunctioning</td>
</tr>
<tr>
<td>5</td>
<td>Kidney Status</td>
<td>Normal/Both-one kidney not functional optimally</td>
</tr>
<tr>
<td>6</td>
<td>Cardiac Status</td>
<td>Normal/enlarged/blocked/not normal</td>
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</tbody>
</table>

Contd....4
C: Summary of Medical Report (only copy of this part is to be attached to PAR)

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>1.</td>
<td>Overall Health of the Officer</td>
</tr>
<tr>
<td>2.</td>
<td>Any other remarks based on the health medical check up of the officer</td>
</tr>
<tr>
<td>3.</td>
<td>Health profile grading</td>
</tr>
</tbody>
</table>

Date: ______________________________

Signature of Medical Authority
Designation: ____________________________