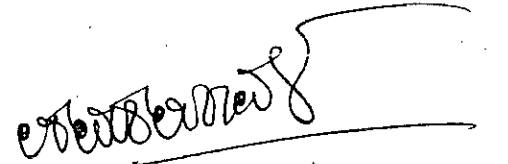


ಕರ್ನಾಟಕ ವಿಧಾನ ಪರಿಷತ್ತು

ಚುಕ್ಕೆ ಗುರುತಿಲ್ಲದ ಪ್ರಶ್ನೆ ಸಂಖ್ಯೆ	118(87)
ಸದಸ್ಯರ ಹೆಸರು	ಶ್ರೀ ಕೆ.ಹರೀಶ್ ಕುಮಾರ್(ವಿಧಾನ ಸಭೆಯಿಂದ ಚುನಾಯಿತರಾದವರು)
ಉತ್ತರಿಸಬೇಕಾದ ದಿನಾಂಕ	01.02.2021
ಉತ್ತರಿಸುವವರು	ಮಾನ್ಯ ಅರಣ್ಯ, ಕನ್ನಡ ಮತ್ತು ಸಂಸ್ಕೃತಿ ಸಚಿವರು.

ಕ್ರ. ಸಂ	ಪ್ರಶ್ನೆ	ಉತ್ತರ
ಅ)	<p>ಸಹಾಯಕ ಅರಣ್ಯ ಸಂರಕ್ಷಣಾಧಿಕಾರಿ (ACF) ನೇಮಕಾತಿಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಅಧಿಸೂಚನೆ ಸಂಖ್ಯೆ: ಇ (1) 1485/ 2015-16/ ಪಿ.ಎಸ್.ಸಿ. ದಿನಾಂಕ:08.06.2016ರಲ್ಲಿ ಆಯ್ಕೆಯಾಗಿರುವ ಅಭ್ಯರ್ಥಿಗಳ ಕುರಿತಂತೆ.</p> <p>(i) ಮಾಜಿ ಸೈನಿಕ (EX-MP) ಕೋಟಾದಡಿ 1:5 ಅನುಪಾತದಲ್ಲಿ ದಾಖಲಾತಿ ಪರಿಶೀಲನೆಗೆ ಆಯ್ಕೆಯಾದ ಅಭ್ಯರ್ಥಿಗಳ ಸಂಖ್ಯೆ ಎಷ್ಟು? (ಸಂಪೂರ್ಣ ವಿವರ ನೀಡುವುದು).</p>	<p>ಮಾಜಿ ಸೈನಿಕ ಕೋಟಾದಡಿ 1:5 ಅನುಪಾತದಲ್ಲಿ ದಾಖಲಾತಿ ಪರಿಶೀಲನೆಗೆ ಮೂರು ಅಭ್ಯರ್ಥಿಗಳು ಆಯ್ಕೆಯಾಗಿರುತ್ತಾರೆ. ವಿವರಗಳು ಈ ಕೆಳಕಂಡಂತಿವೆ.</p> <ol style="list-style-type: none"> 1. ಮಹಮ್ಮದ್ ಅನಿಫ್ ದೇಸಾಯಿ 2. ಜಗದೀಶ್ ಎಂ ಆರ್ 3. ವಿಶಾಲ ಪಾಟೀಲ್ ಹಿರೇಕುಡಿ
ಆ)	<p>EX-MP ಕೋಟಾದಡಿ ವೈದ್ಯಕೀಯ ಪರೀಕ್ಷೆಗೆ ಆಯ್ಕೆಯಾದ ಅಭ್ಯರ್ಥಿಗಳಿಗೆ ಸಕ್ಷಮ ಪ್ರಾಧಿಕಾರವು ವೈದ್ಯಕೀಯ ಪ್ರಮಾಣ ಪತ್ರ ದೃಢೀಕರಿಸಿ ನೀಡಿದೆಯೇ? (ಪ್ರತಿ ನೀಡುವುದು)</p>	<p>-ಹೌದು-</p> <p>(ಪ್ರತಿಗಳನ್ನು ಲಗತ್ತಿಸಿದೆ)</p>

ಸಂಖ್ಯೆ: ಎಫ್‌ಇಇ 44 ಎಫ್‌ಇಜಿ 2021



(ಅರವಿಂದ ಲಿಂಬಾವಳಿ)

ಅರಣ್ಯ, ಕನ್ನಡ ಮತ್ತು ಸಂಸ್ಕೃತಿ ಸಚಿವರು.

ಜಿಲ್ಲಾ ಆಸ್ಪತ್ರೆ ಧಾರವಾಡ

ಹೊರ ರೋಗಿಗಳ ವಿಭಾಗ

32

15

15

ಕ್ರಮ ಸಂಖ್ಯೆ: 13937 ವಿಭಾಗದ ಸಂಖ್ಯೆ:

ಹೆಸರು: Vishal pahl Herekudi ದಿನಾಂಕ: 7 8 JUL 2017

ವಯಸ್ಸು: 23 ವರ್ಷ: ಚಾತಿ:

ವೃತ್ತಿ:

ರೋಗಿಯ ಅಥವಾ ಪೋಷಕರ ಮಾಸಿಕ ಆದಾಯ:

ವಾಸ ಸ್ಥಳ:

ರೋಗ: ಫಲಿತಾಂಶ:

ರೋಗದ ವಿವರ

ದಿನಾಂಕ	ರೋಗ ಲಕ್ಷಣ ಮತ್ತು ಪ್ರಗತಿ	ಸೂಚಿಸಿದ ಚಿಕಿತ್ಸೆ
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ROOM No:

22. Eye Sight

Colour Vision

13. Physician

14. Ortho

21. ENT

28. Surgeon

Album:

7. Urine

Sugar

Micro

ಎತ್ತರ:

ತೂಕ:

ಇದೇ ಅಳತೆ: <

Reg. No. 100215

Government of Karnataka
FOREST DEPARTMENT

ಕರ್ನಾಟಕ ಲೋಕ ಸೇವಾ ಆಯೋಗ ಬೆಂಗಳೂರು

ಅಧಿಸೂಚನೆ ಸಂಖ್ಯೆ: ಇ(1)/1485/2016-17/ಪಿಎಸ್‌ಸಿ ದಿನಾಂಕ: 08.06.2016

Left Hand: Thumb
Impression of the
Candidate:



ASSISTANT CONSERVATOR OF FORESTS



Name of the Candidate: VISHAL PATIL HIREKUDI

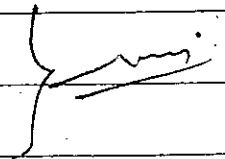

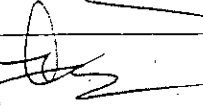
Identification Marks: Imm Glass nose

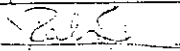
Over Rt side of Chin.

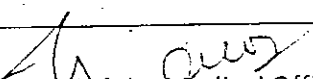
Signature of the Medical Officer

Sl. No.	Event	Minimum Physical Standard required	Results	Signature of the Medical Officer conducting the Test
1	Physical Standard Height	Male : 163 cms. Female: 150 cms.	Actual: 170 cms. (in words) One hundred and seventy in	
2	Chest Girth	Male : 79 cms. Female: 74 cms. Expansion: Minimum Required: Male : 5 cms. Female: 5 cms.	Chest (Exhalation / Normal) in cms.: (in words): 94 Ninety four cm. Chest (Inhalation / Expansion) in cms.: (in words): 99 cm Ninety nine cm.	
3	Knock Knees			
	Bow legs			
	Flat feet			
	Varicose veins			

13

Sl. No.	Event	Results	Signature of the Medical Officer conducting the Test
4	Hearing: Rb Lf		
	Rinner Test: +ve +ve	Normal	
	Webber's Test: ↔	Normal	
	Test for Vertigo: Normal	Normal	
5	Vision: (With or without Spectacle) BETTER EYEWORSE EYE	VIK R 6/12 6/6 L 6/12 6/6	
	a) Distant vision: 6/6 mtrs. -6/9 mtrs.	NO - NO - NO	
	b) Near vision: 0/6 mtrs. -0/8 mtrs.	NO Colour Blindness	
	c) Colour Blindness: Each eye must have full vision. Squint or any morbid condition of the eye or lids of either eye shall be deemed to be a disqualification.	Colour vision - 2 no medical condition	
6	Findings under each of the categories:		
	a) PHYSICAL STANDARDS: FIT / UNFIT	fit	
	a) MEDICALLY: FIT / UNFIT	fit	



 Signature of the Candidate


 Signature of the Medical Officer
District Surgeon
 Seal: District Hospital, Dharwad

DECLARATION

I hereby declare that the above tests were conducted to my satisfaction and I agree with the results recorded therein.

Place: Dharwad
 Date: 28/07/2017


 Signature of the Candidate
 Date: 28/07/2017 Time: 1:38 PM

ಜಿಲ್ಲಾ ಆಸ್ಪತ್ರೆ ಧಾರವಾಡ

ಹೊರ ರೋಗಿಗಳ ವಿಭಾಗ

32

ಕ್ರಮ ಸಂಖ್ಯೆ

ವಿಭಾಗದ ಸಂಖ್ಯೆ

ಹೆಸರು : Mahmudan Desai

ದಿನಾಂಕ : 28 JUL 2017

ವಯಸ್ಸು : 49 ವರ್ಷ

ಜಾತಿ

ರೋಗಿಯ ಅಥವಾ ಪೋಷಕರ ಮಾಹಿತಿಯ ಆದಾಯ :

ವಾಸ ಸ್ಥಳ :

ರೋಗ :

ಫಲಿತಾಂಶ :

ರೋಗದ ವಿವರ

ದಿನಾಂಕ

ರೋಗ ಲಕ್ಷಣ ಮತ್ತು ಪ್ರಗತಿ

ಸೂಚಿಸಿದ ಚಿಕಿತ್ಸೆ

ROOM No:

22- Eye Sight-
Colour Vision-

13- Physician-

14- Ortho -

21- ENT- T.F.T

28- Surgeon-

7- Urine-

Albumin
Sugar
Micro

15- BP-

Pulse

13- ECG

Handwritten notes: Fluoroglym, NV, +0.50, +0.50, BE

Handwritten notes: 6/6 S 1/2, -0.50, +1.25

ಎತ್ತರ:
ತೂಕ:
ಎದೆ ಅಳತೆ: <

Handwritten numbers: 12, 12

Reg. No: 100020

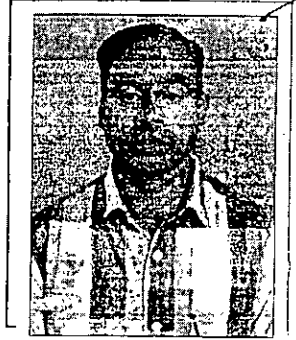
Government of Karnataka
FOREST DEPARTMENT

ಕರ್ನಾಟಕ ಯೋಜನೆ ಸೇವಾ ಆಯೋಗ ಬೆಂಗಳೂರು
ಅಧಿಸೂಚನೆ ಸಂಖ್ಯೆ: ಇ(1)/1485/2016-17/ಪಿಎಸ್-2 ದಿನಾಂಕ: 08.06.2016

Left Hand Thumb
Impression of the
Candidate:



ASSISTANT CONSERVATOR OF FORESTS



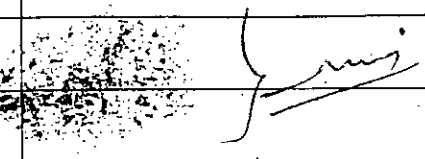
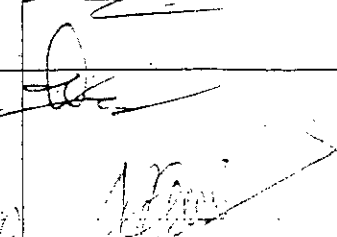
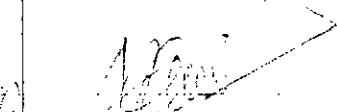
Name of the Candidate: MAHMADANIF DESAI

Identification Marks: 3mm black mole on left

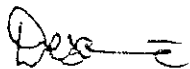
~~Identification Marks~~ Sternum: 3cm lateral to mid line

Signature of the Medical Officer

Sl. No.	Event	Minimum Physical Standard required	Results	Signature of the Medical Officer conducting the Test
1	Physical Standard Height	Male : 163 cms. Female: 150 cms.	Actual: 164 cms. (in words) One hundred Sixty four point five cm	
2	Chest Girth	Male : 79 cms. Female: 74 cms. Expansion: Minimum Required: Male : 5 cms. Female: 5 cms.	Chest (Exhalation / Normal) in cms.: (in words): 91 cm Ninety one cm Chest (Inhalation / Expansion) in cms.: (in words): 96 cm Ninety six cm	
3	Knock Knees			
	Bow legs			
	Flat feet			
	Varicose veins			

Sl. No.	Event	Results	Signature of the Medical Officer conducting the Test
4	Hearing: RT Rinner Test: +ve	LT +ve	
	Webber's Test:	↔	
	Test for Vertigo:	normal	
5	Vision: (With or without Spectacle) BETTER EYEWORSE EYE	UR R 6/6 = 0.00 6/6 4/6 NR +1.25 -NB -NB	
	a) Distant vision: 6/6 mtrs. -6/9 mtrs.		
	b) Near vision: 0/6 mtrs. -0/8 mtrs.		
	c) Colour Blindness: Each eye must have full vision. Squint or any morbid condition of the eye or lids of either eye shall be deemed to be a disqualification.	NR, colour blindness A.S Normal Normal Eye Candidate	
6	Findings under each of the categories:		
	a) PHYSICAL STANDARDS: FIT / UNFIT	FIT	
	a) MEDICALLY: FIT / UNFIT	FIT	

Signature of the Candidate



Signature of the Medical Officer

Seal:

District Surgeon
District Hospital, Dharwad

DECLARATION

I hereby declare that the above tests were conducted to my satisfaction and I agree with the results recorded therein.

Place: Dharwad
Date: 28-07-17

Signature of the Candidate

Date: 28.7.17 Time: 1355 hrs

Reg. No. 100073

Government of Karnataka
FOREST DEPARTMENT

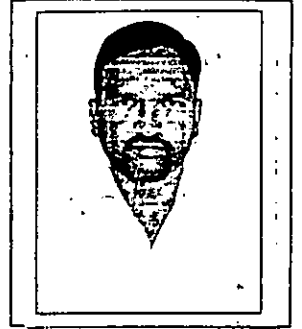
ಕರ್ನಾಟಕ ಲೋಕ ಸೇವಾ ಆಯೋಗ ಬೆಂಗಳೂರು

ಅಧಿಸೂಚನೆ ಸಂಖ್ಯೆ: ಇ(1)/1485/2016-17/ಪಿಎಸ್‌ಸಿ ದಿನಾಂಕ: 08.06.2016

Left Hand Thumb
Impression of the
Candidate:



ASSISTANT CONSERVATOR OF FORESTS.



Name of the Candidate: JAGADEESHA M.R

Identification Marks:


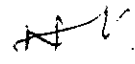
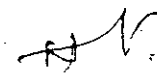
3 cm x 2 cm Healed pulled wound

Scar on left fore head

Signature of the Medical Officer

Sl. No.	Event	Minimum Physical Standard required	Results	Signature of the Medical Officer conducting the Test
1	Physical Standard Height	Male : 163 cms. Female: 150 cms.	Actual: 165 cms. (in words) half One centimeter & half	
2	Chest Girth	Male : 79 cms. Female: 74 cms. Expansion: Minimum Required: Male : 5 cms. Female: 5 cms.	Chest (Exhalation / Normal) in cms.: (in words): 92 Ninety two cms Chest (Inhalation / Expansion) in cms.: (in words): 97 Ninety seven cms	
3	Knock Knees	Normal		
	Bow legs	Normal		
	Flat feet	Normal		
	Varicose veins		Chicku	

8

Sl. No.	Event	Results	Signature of the Medical Officer conducting the Test
4	Hearing: Rt Lt		
	Rinner Test: +ve +ve	Normal	
	Webber's Test: \longleftrightarrow	Normal	
	Test for Vertigo: Normal	Normal	
5	Vision: (With or without Spectacle) BETTER EYEWORSE EYE	$V_2 \begin{matrix} 6/6 \\ 6/6 \end{matrix}$	
	a) Distant vision: 6/6 mtrs. -6/9 mtrs.		
	b) Near vision: 0/6 mtrs. -0/8 mtrs.	N. = +ve	
	c) Colour Blindness: Each eye must have full vision. Squint or any morbid condition of the eye or lids of either eye shall be deemed to be a disqualification.	No morbid condition	
6	Findings under each of the categories:		
	a) PHYSICAL STANDARDS: FIT / UNFIT	fit	
	a) MEDICALLY: FIT / UNFIT	fit	

Signature of the Candidate



I hereby declare that the above tests were conducted to my satisfaction and I agree with the results recorded therein.

Place: Dharwad

Date: 28-07-2017

DECLARATION

Signature of the Medical Officer

Seal: **District Surgeon**
District Hospital, Dharwad

Signature of the Candidate

Date: 28-7-17 Time: 14:50 PM

ಹೆಸರು: Jagadisha M.V. 32
 ವಯಸ್ಸು: 44 ವಿಭಾಗದ ಸಂಖ್ಯೆ:
 ವೃತ್ತಿ: ದಿನಾಂಕ: 08 JUL 2017
 ವರ್ಗ: ಜಾತಿ:

ರೋಗಿಯ ಅಥವಾ ಪೋಷಕರ ಮಾಹಿತಿ ಆದಾಯ :
 ವಾಸ ಸ್ಥಳ :
 ರೋಗ :
 ದಿನಾಂಕ :
 ರೋಗದ ವಿವರ :
 ರೋಗ ಲಕ್ಷಣ ಮತ್ತು ಪ್ರಗತಿ :
 ಸೂಚಿಸಿದ ಚಿಕಿತ್ಸೆ :

- ROOM No:
- 22. Eye Sight - E/G NG
 - Colour Vision - E/G NG
 - 13. Physician - Clinician MAN
 - 14. Ortho - MAN
 - 21. ENT - T.F.T. (N)
 - 28. Surgeon - Chinn MAN
 - 7. Urine - Albumin, Sugar, Micro

Refru

11.00	11.00
11.00	11.00

 Subs: (R) C Plano G/D NG
 +1.25D
 [Signature]

ಕೆರೆ:
 ಕೆರೆ:
 ಅಳತೆ: