

AVNL INSTITUTE OF LEARNING AVADI, CHENNAI-54
A UNIT OF ARMOURED VEHICLES NIGAM LIMITED

SELECTION OF CANDIDATES FOR ENGAGEMENT UNDER FIXED TERM CONTRACT BASIS


Ref: No. AVNL IOLAV/1021/Recruitment/2024-25, Dt: 06.05.2024

1. The following candidates have been provisionally selected for Engagement under Fixed Term Contract basis.

Post Name: Junior Manager/Mechanical

S.No	Name (Shri./Smt)	DOB	Category	Selected against
1	P. BANU	21-08-1999	SC	UR-1
2	R. MANOJKUMAR	19-01-1989	OBC-NCL	UR-2

2. The above candidates are requested to obtain on-line Police Verification Report.
3. The candidates are also instructed to obtain Medical Fitness Certificate from Asst. Civil Surgeon/Civil Surgeon of a Govt. Hospital/CGHS/CGHS recognized hospital of the parameters which needs to be physically tested. The sample tests which is mandatory required to be performed by the candidate to be declared as FIT is also enclosed as Annexure-I.
4. On receipt of the above, candidates are requested to forward the soft copy of PVR and Medical fitness certificate along with a willing letter to join AVNL IOLAV on Fixed Tenure Contract to the email iolavd@avnll.co.in, saveethar@ord.gov.in
5. The soft copy of the offer of engagement would be forwarded to the candidates through email as given in their application. Candidates can take a hard copy of the offer of engagement letter and report at AVNL IOLAV ADMIN.
6. No enquires or clarification would be entertained on any mode.


(PRAVEEN KUMAR)
CHIEF GENERAL MANAGER/AVNL IOLAV
A Unit of AVNL.

MEDICAL EXAMINATION REPORT

Name of the candidate:		Grade /Post:	
Age:		Date of Examination:	
Date of Birth:	Height cms	Weight	Kg
Sex: MALE/FEMALE			
Marital Status: Married/Unmarried:		Ideal weight	
Identifications Marks: 01. 02		Female cases a) Period b) LMP	
1.General Appearance: Chest-Normal: cms Inspiration: cms		EYES Vision Acuity of Vision	RE LE
2. Apparent Deformity, if any		Distant Vision Near Vision Colour Vision Any others	
BP		EARS	
Pulse		Hearing	
Skin		Normal/Defection	
Lymphnodes		ANY OTHERS	
Heart		Hernia	
Lungs		Hydrocele	
Abdomen		Piles/Fissures	
Liver		Genitalia	
Spleen		INVESTIGATION	
Teeth & Gum		URINE	
SKELETAL		SUGAR	
Upper Extremity		AIB	
Lower Extremity		Blood Group	
Spine		Hb%	
Any other findings		Signature of Medical Officer Date	
X-ray Chest PA view			
Blood Sugar(Fasting)			
Remarks: FIT/TY.UNFIT/UNFIT			