



F/No. 21023/09/2018-PMA (Vol-II)  
Government of India/भारतसरकार  
Ministry of Home Affairs/गृहमंत्रालय  
[Police Division-II]  
PMA Cell  
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North Block, New Delhi, 110001  
Dated 21<sup>st</sup> February 2019

To

**Mr. Thirugnana Sambandan, S.**

First Secretary

PMI to UN, New York

(polad.newyorkpmi@mea.gov.in)

Subject :- **UNFICYP:- Nomination of IPOs against rotational vacancies in Cypurs**  
Sir,

Refer to PMI to UN E/fax & E-mails regarding the above mentioned subject

2. The undersigned is directed to forward the nomination of the following 06 (03 Male + 03 Female) UNSAAT qualified Police officers as per merit seniority against the rotational vacancies due in Cypurs:-

SAAT Rank No.	Designation	Name	State/Organization
14	Inspr	Mr Sangram Singh Bhati	Rajasthan
15	2IC	Mr Vinay Yadav	BSF
31	2IC	Mr Manish Raj	BSF
<b>UNSAAT Female Qualified Police Officers</b>			
105	Inspr	Ms Shobhna Mishra	MP
111	Sub-Inspr	Ms Neelima Agnihotri	Rajasthan
114	Sub-Inspr	Ms Sarita Roy	Chandigarh

*Note:- Nomination of SAAT Rank 13 (reserve 01 for UNMISS vide letter dated 23.10.2018 & 15.11.2018 (Mr P. Niyas) was forwarded to UNHQ for consideration in UNMISS.*

3. The female police officers are nominated in order to achieve gender balance as per United Nations security council resolution.

4. The Nomination Matrix in respect of above officers is attached for necessary action. Once the political clearance is received from the MEA, the EASP, medical report (MS-3) along with supported documents, copies of official passports and Human Right Certificate in r/o nominated officers will be forwarded on receiving from the concerned officers.

5. In view of the above, PMI to UN is requested to inform Police Division, UN HQ regarding the nomination of above Police Officers for deployment as Individual Police Officers (IPOs) against the rotational vacancies in Cyprus

Yours Faithfully,

(Harish Chandra Rai)  
Under Secretary to Gol  
J:23092527

Copy to :-

**1. DsG (P)s of Rajasthan , MP & Chandigarh**

**2. DG of BSF**

- With the request to inform concerned officers to submit their updated EASP form, revised medical report (MS-3 form) along with supported documents, political clearance, copies of official passports and Human Right Certificate by 5<sup>th</sup> March, 2019. Political clearance may be applied through online portal ([www.epolclearance.gov.in](http://www.epolclearance.gov.in) ).

**3. Deputy Secretary (UNP),MEA,Jawaharlal Nehru Bhawan, Room No. 2029, A Wing,New Delhi , ☎: 49018411**

**4. SO (IT), MHA, North Block- With request to upload on MHA website ( on UN SAAT 2018-2020**



**(Harish Chandra Rai)**  
Under Secretary to Gol

**LIST OF CANDIDATES FOR DEPLOYMENT**

Country : **INDIA** UN Mission : **UNFICYP**

Type : **Non Contracted / UN SAAT**

Length of tour of Duty : **12 Months**

S/ No	SAAT Rank	Police Rank	First Name	Family name	Gender	Date of Birth (dd-mm-yy)	Date of joining Police Service (dd-mm-yy)	Date of SAAT	Command	Operation	Capacity Building	Administration
1	14	Inspr	Sangram Singh	Bhati	M	05/01/1974	13/02/1996	28.09.2018 to 27.10.2020		Y	Y	Y
2	15	2IC	Vinay	Yadav	M	23/11/1969	02/04/1996	-do-	Y		Y	Y
3	31	2IC	Manish	Raj	M	01.03.1976	19.11.2001	-do-	Y	Y	Y	
4	105	Inspr	Shobhna	Mishra	F	31.03.1976	05.05.1999	-do-		Y	Y	
5	111	SI	Neelima	Agnihotri	F	05/03/1976	01/12/1999	-do-		Y	Y	
6	114	SI	Sarita	Roy	F	29/09/1980	24.04.2000	-do-		Y	Y	



**(Harish Chandra Rai)**  
Under Secretary to Gol

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NATIONS**



**NATIONS  
UNIES**

**EMPLOYMENT MEDICAL  
REVIEW QUESTIONNAIRE**

This questionnaire is used to evaluate the health status of new recruits and current employees who require medical clearance in accordance with ST/AI/2011/3. Based on the responses further medical evaluation may be required.

If there is insufficient space, or if you wish to provide additional documents, submit these as attachments with this questionnaire.

<b>Family Name (In Block Capitals)</b>		<b>Given Name</b>	<b>Previous Name</b>	<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Current Address (Street, Town, District Or Province, Country)</b>			<b>Date of Birth</b>	<b>Birthplace</b>
			<b>E-mail Address</b>	<b>Telephone</b>
<b>Index Number</b>	<b>Proposed Job Title</b>	<b>Proposed Job Location/Mission</b>		

**1. Have you had a medical check-up in the last 2 years?**

No  Yes  *Date of check-up:*

*If "No" we strongly suggest you undertake a checkup with your usual doctor before you continue with this questionnaire. Please document any findings your doctor considers significant or which you consider may be relevant to your proposed role.*

**2. Do you have any health condition (medical, surgical or psychological) requiring ongoing health care?**

No  Yes  *If "yes" please provide details (please include the date of the initial diagnosis, the actual diagnosis and treatment).*

Diagnosis	Date	Treatment

**3. Have you been admitted to a hospital for at least 2 consecutive days in the last 5 years, or have you been absent from work for more than 30 calendar days total in the last 12 months due to health reasons?**

No  Yes

*If "yes" please provide details of the reason for hospitalization or the reason(s) for your absences.*

**4. Are you regularly taking any prescribed medications?**

No  Yes

*If "yes" please provide details (please include name of EACH medication, dose and frequency).*

Name	Dose	Frequency	Name	Dose	Frequency

<p><b>5. Do you have any condition which will need medical, surgical or psychological intervention or treatment within the next 12 months? (Please also indicate "Yes" here if you are pregnant and provide your estimated date of delivery).</b></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p><i>If "yes" please provide details.</i></p>
<p><b>6. Do you have any physical or mental health conditions which could make it difficult for you to live and work in, or travel to, a remote area with limited access to health care facilities?</b></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p><i>If "yes" please provide details.</i></p>
<p><b>7. Have you been vaccinated against yellow fever?</b></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If "Yes", please provide date of vaccination</i></p>
<p><b>8. Are there any vaccines you cannot receive? (Please list vaccine and reason, such as known allergy, religious beliefs, etc.)</b></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p><i>If "yes" please provide details.</i></p>
<p><i>Note: There are a number of vaccinations which are protective of health and which are recommended for employment in different countries. If you have a vaccination record or International Health Record ("Yellow Book") attach either a scan or an electronic record of this with this questionnaire, labelled "Vaccine Record".</i></p>
<p><b>9. Have you ever suffered from a physical or psychological condition which has been recognized by your previous employer as caused by your work?</b></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p><i>If "yes" please provide details.</i></p>
<p><b>10. Do you currently have, or will you need any workplace accommodations for medical conditions, and/or disability? (For example do you have travel limitations, or need a special desk, etc.)</b></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p><i>If "yes" please provide details.</i></p>
<p><b>11. Are you aware of any other factors which could affect your health or your ability to perform your duties at the intended duty station? (Such as access to health care, family circumstances, etc)</b></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p><i>If "yes" please provide details.</i></p>
<p><b>Declaration - Please read, sign and either check ACCEPT or DECLINE the declaration</b></p> <p>I, _____, hereby declare that the answers to all questions are to the best of my knowledge a complete and accurate representation of my health. I also acknowledge that failure to disclose a known physical and psychological condition, including conditions under investigation, may result in withdrawal of medical clearance for employment, denial of benefits, termination or dismissal in accordance with the relevant administrative directives of my employing organization.</p> <p>Date :</p> <p>You must check one box :    ACCEPT <input type="checkbox"/>    DECLINE <input type="checkbox"/></p> <p>Signature:</p>

**HR Certificate**

**(No any other language/format than mentioned below will be accepted)**

***"The Department/organization of ..... is hereby confirming that the nominated candidate Mr/Mrs ..... has been convicted of, or is not currently under investigation or being prosecuted for, any criminal or disciplinary offence, or any violations of international human rights law or international humanitarian law. The Department/Organization of ..... also certifies that it is not aware of any allegations against the nominated candidates that they have committed or been involved, by act or omission, in the commission of any acts that may amount to violations of international human rights law or international humanitarian law."***

***To be signed by an officer  
Not Below the Rank of DIG/Director***

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