

A medical certificate of fitness
of a candidate for employment in
Government Service.

I hereby certify that I have examined Shri/Smt/Miss.....
....., a candidate for employment in the
..... Department and cannot discover that
..... has any disease (communicable or other-
wise) constitutional weakness or bodily infirmity except

I do not consider this a disqualification for employment in the
.....

His/Her age according to his/her own statement is years and
..... months and by appearance about years and months.

(Signature/thumb and fingure
impression of the candidate)

Attested.

(Signature of the examining
Medical Officer with desig-
nation seal).

Place

Date

Signature of exam-

ining medical off-

icer.

Designation.....

CANDIDATE'S STATEMENT & DECLARATION.

1. State your name in full. :
(In Block Letters).

 2. State your age and place :
of Birth.

 - 3.a) Have you ever had small pox, :
intermittent or any other -
fever, enlargement or suppura-
tion of glands, spitting of
blood, asthma, heart disease,
lung disease, fainting attacks,
rheumatism, appendicitis?

Or

 - b) Any other disease or accident. :
requiring confinement to bed
and medical or surgical treat-
ment?

 4. When were you last vaccinated. :

 5. Have you or any of your near :
relations been afflicted -
with consumption scrofula,
gout, asthma, fits, epilipsy or
insanity?

 6. Have you suffered from any :
form of nervousness due to
over work or any other cause ?

 7. Have you been examined and :
declared fit for Government
service by a Medical Officer/
Medical Board with the last
three years.
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Furnish the following particulars concerning your family:

Father's age if living and state of health.	Father's age at death and cause of death.	No. of brothers living, their ages and state of health.	No. of brothers dead, their ages at death - and cause of death.
(i)	(ii)	(iii)	(iv)

Mother's age, if living and state of health.	Mother's age at death and cause of death.	No. of sisters living, their ages and state of health.	No. of sisters dead, their ages at death and cause of death.
(v)	(vi)	(vii)	(viii)

I declared all the above answers to be, to the best of my belief true and correct.

I also solemnly affirm that, I have not received disability certificate/pension on account of any disease or other condition.

Candidate's signature:
signed in my presence.

Signature of Medical-
Officer.

Note:

The candidate shall be held responsible for the accuracy of the above statement. By willfully suppressing any information he will incur the risk of losing the appointment and if appointed or forfeit all claim to superannuation allowance or gratuity.