

HEALTH CERTIFICATE

I do hereby certify that I have examined Shri/Kumari/Smt.

Son/Daughter/Wife of Shri a candidate for employment

in the

Department , and can not discover that He/She has any disease, consitutional affection or

bodily infirmity Communicable or otherwise except

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

..... The candidate's age in according to his own

Statement Years, and appearance,

about.....years.

I have further to certify to the following findings on my medical Examination :-

1. Height.....Feet.....Inch.

2. Weight.....L.bs.

3. Vision : R.E. L.E. with Glasses R.E. L.E.

Distant :

Near :

4. Urine Color Specific Gravity

Albumen : Present/Nil

Sugar : Present/Nil

I declare that I have not been Medically Examined previously for post in service and was declared.

Fit

Unfit

Signature of the Candidate
Place of Examination

Signature of the M.O.

Dated