

FORM OF MEDICAL CERTIFICATE

I have this day medically examined Sri/Smt.(Name and Adress)
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.....

and found that he/she has good physique and is free from physical deformity and diseases of any description. He /She is physically fit for the post of Field Worker in Health Service Department.

Signature:

(Name & Designation of the Medical Officer)

Place :

Date :

(Office seal)