

FORM OF MEDICAL CERTIFICATE

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

.....
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 Services Department.

Signature:
(Name & Designation of the Medical Officer)

Place

Date:

(Office seal)

Note:- Certificate should be one issued by a Medical Officer in Govt. Service not below the rank of Junior Consultant.