

MEDICAL CERTIFICATE

I have, this day, medically examined Shri.....
.....(Name&Address) and found that he has no disease or infirmity which would render him unsuitable for Government Service. His age according to his own statement , is.....and by appearance, isyears. His standards of vision (without glasses) are as follows.

Standards of Vision

	Right Eye	Left Eye
(I) Distant Vision Snellen Snellen
(II) Near Vision Snellen Snellen
(III) Field of Vision	

(Specify whether field or vision is full or not. Entries such as 'Normal', 'Good' etc are inappropriate here)

- (IV) Colour blindness
- (V) Squint
- (VI) Any morbid condition of the eyes or lids of either eye.....
- (VII) He is physically fit for the post of Assistant Jailor Grade I in the Jail Department.

Signature:

Name and Designation
of the Medical Officer

Place:

Date:

(Office Seal)

Note: 1.Details regarding standards of vision should be clearly stated in the certificate as given above, and vague statements such as vision “Normal”, “Average” etc. will not be accepted. Specification for each eye should be stated separately against each item.

2. The Medical Certificate should be one obtained from a Medical Officer not below the rank of an Assistant Surgeon

Annexure A

RECEIPT

(To be obtained from the Head of Office)

Certified that a copy of application/print out page of the online application for selection to the post of on Rs in the (here enter the name of Department/Corporation/Company/Local Authority/Co-operative Institution) notified in the gazette dated has been received in this office on ie, on or before the last date fixed for the receipt of application for the post, from Sri/Smt(here enter the name and designation of the applicant) and that objections if any to the entertainment of the application will be communicated to the Head Office/District Office of the KPSC within one month from the last date fixed for receipt of application.

Place:
Date:

Signature
Name and Signature of the Head of Office

(Seal of office)

Annexure B

CERTIFICATE

(To be obtained from the Head of office, in lieu of the receipt)

Certified that a copy of request for receipt, in the form given in the General Conditions of the Gazette notification inviting application for the post, dated has been received in this office onie, on or before the last date fixed for receipt of application for the post, from Sri/Smt (here enter the name and designation of the applicant) applying for selection to the post of on Rs in theDept/Corporation/Company/Local Authority/Co-operative Institution notified in the gazette dated

Place:
Date:

Signature
Name and Signature of the Head of Office

(Seal of office)

SERVICE CERTIFICATE

1. Name of Candidate :
2. Name of Post now held by the applicant with scale of Pay :
3. Name of Department in which now working :
4. Name of service to which the applicant belongs :
5. Date of Commencement of service and date of commencement of probation :
6. Whether the applicant is probationer/approved probationer or Full member of the service :
7. Service Particulars :

Sl No	Name of Post held	Period		Length of Service			Date of Declaration of Probation
		From	To	Year	Month	Days	

Total Service.....

Certified that the above details in respect of Sri..... who is a probationer/approved probationer/full member of the (Name of service) have been verified by me with the service particulars as given in the Service Book of the candidate and that they are found correct.

Place:

Signature

Date:

Name and Designation of the Head of Office

(Office Seal)