

**FORM OF MEDICAL CERTIFICATE REGARDING PHYSICAL FITNESS FOR THE POST OF
TRACTOR DRIVER GRADE II(CATEGORY NO: 215/2014 KOTTAYAM)**

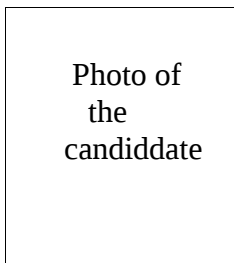
(To be filled up by a Medical officer not below the rank of an Assistant Surgeon)

1	What is the applicant's apparent age?
2	Is the applicant to the best of your judgement, subject to epilepsy, vertigo or any mental ailment likely to affect his efficiency?
3	Does the applicant suffer from any heart or lungs disorder which might interfere with the performance of his duties as a driver?
4	Does the applicant suffer from any degree of deafness, which would prevent his hearing the ordinary sound signals ? Is his hearing perfect?
5	Has the applicant any deformity or loss of finger which would interfere with the efficient performance of his duties as a driver ?
6	State of Muscles and Joints (No paralysis and all joints with free movements)
7	State of Nervous System (Perfectly normal and free from any infectious diseases)
8	Does he show any evidence of being addicted to the extensive use of alcohol, tobacco or drinks?
9	Mark of Identification:

He is Physically fit for the post of

I certify to the best of my knowledge and belief that the applicant
Shri..... is the person herein above described and
that the attached photograph has a reasonably correct likeness.

(The signature of the Medical Officer shall be affixed on the photograph)



Signature Name
Designation and Official Address

Date :

Place: (Office Seal)

