

FORM OF MEDICAL CERTIFICATE

I have this day medically examined Sri/Smt
..... (Name and Address)
..... and found that
he/she has no disease or infirmity which would render him/her unsuitable for
Government Service.

Height :
Vision :

(Also indicate whether free from Colour Blindness or not)

He/She has **good Physique** for arduous out door work.

Signature
Name & Designation of the Medical Officer

Place:
Date :

(Office Seal)

.....

Note (1): Certificates should be one issued by a Medical Officer in Government Service not below the rank of Assistant Surgeon.