

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.