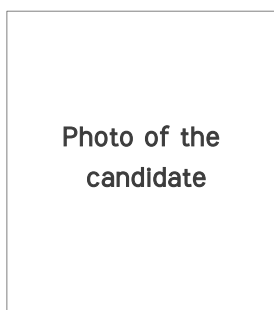


FORM OF MEDICAL CERTIFICATE

[To be produced for the Post of Field Worker in Health Services Department]

I have this day, medically examined Sri./Smt.....
.....
.....
.....

(Name & Address of the Candidate) 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. His/her age, according to his/her own statement is and by appearance is



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

Place:

Signature,

Date:

Name, Registration No. & Designation of
Medical Officer

(Office Seal)

Note:- Certificate should be one signed by a Medical Officer in Govt. Service not below the rank of an Assistant Surgeon)