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 .....

Photo of the candidate

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

Place: Signature,

Date: Name, Reg.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)