

ഫിസിക്കൽ ഫിറ്റ്നസ് സംബന്ധിച്ചുള്ള മെഡിക്കൽ സർട്ടിഫിക്കറ്റിന്റെ മാതൃക

FORM OF MEDICAL CERTIFICATE REGARDING PHYSICAL FITNESS
FOR THE POST OF DRIVER CUM OFFICE ATTENDANT (HDV)
(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 judgment, 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 any intoxicants?
9. Marks of Identification:
(1)
(2)

He is Physically fit for the post ofI 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)

Passport
size
Photograph of
the candidate

Signature:
Name:
Designation & Official Address:

Place:
Date:

(Seal)