

**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 drinks? :
9. Marks of Identification :

He is physically fit for the post of ..... I 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.)



Signature  
Name  
Designation & Official Address

Place:  
Date:

(Office Seal)