

ANNEXURE (iii)
CERTIFICATE OF MEDICAL FITNESS
(TO BE DEPOSITED AT THE TIME OF JOINING)

To be obtained only from Gazetted Government Medical officer/Medical Officer of a Government Undertaking. (Please note that in no other form this certificate will be accepted. Medical Certificates issued by private medical practitioners will not be accepted.)

Name:
(in Block Letters)

Father's Name:

Blood group/Anemic (Blood Count):

Height: Weight:

Chest:

Heart and Lungs :

Vision : L : R :

Colour Vision :

Hearing :

Hernia/Hydrocele/Piles :

Any other disease diagnosed in past:

Allergies, if any

List of prescribed medication, If any

1.

2.

3.

Any other Remarks :

I certify that I have carefully examined Mr./Ms. son/daughter of

Mr. who has signed in my presence. He/she has no mental and physical disease and is FIT.

Signature of the candidate

Station :

Date :

Signature of the Medical Officer

with legible seal