## FORM OF MEDICAL CERTIFICATE (For the post of Lascar Gr.II/Gate Keepr Gr.II in Printing Department)

	have this day medically examined Sri
(Name	& Address)
and for	and that he has not the disease or infirmity which would render him unsuitable fo
governi	nent service.
Height	
Vision	
	(Also indicate whether free from Colour Blindness or not)
He is pl	nysically for arduous outdoor work.
	(Please note whether 'fit' or 'unfit')
Place:	
Date :	(Office Seal)
	Signature:

**Note**: Certificate should be one issued by a Medical Officer in Government service not below the rank of an Assistant Surgeon.

Name & Designation of the Medical Officer: