## FORM OF MEDICAL CERTIFICATE REGARDING PHYSICAL FITNESS FOR THE POST OF DRIVER CUM OFFICE ATTENDANT

(Medium/Heavy Passenger / Goods Vehicle)

(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 judgement, 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. a) Does the applicant suffer from any degree of deafness, which would prevent his hearing the ordinary sound signals?b) Also 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:	1.	
		2.	

He is Physically fit for the post of **Driver Cum Office Attendant (Medium/Heavy Passenger / Goods Vehicle)** 

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
Photo of candidate	
Place: Date :	Name Designation & Official Address

(Office Seal)