

## MEDICAL CERTIFICATE

( To be filled up by a Medical Officer not below the rank of an Assistant Surgeon)

Signature of the candidate

Certified that I have this day medically examined Shri.....age.....years and found that he is in possession of a good physique and that he has no defect of build or musculature that would render him unsuitable for the post of Pump Operator in Museums & Zoos Department.

Signature  
Name, Designation and  
Official Address

Place:

Date:

(Office Seal)