

FORM OF MEDICAL CERTIFICATE

I have this day medically examined Sri/Smt _____

_____(Name and Address)

_____ and found that he/she
has no disease or infirmity which would render him/her unsuitable for Government Service.

He/She has **good physique** for arduous out door work.

Signature
Name & Designation of the Medical Officer

Place:

Date :

(Office Seal)

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Note (1): Certificates should be one issued by a Medical Officer in Government Service not below the rank of Assistant Surgeon.