

**FORM OF MEDICAL CERTIFICATE REGARDING PHYSICAL FITNESS FOR THE
POST OF**

(G.O.(P) No. 20/2011/P and ARD dated 30.06.2011)

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 ? :
4. Does the applicant suffer from any degree of deafness, which would prevent his hearing the ordinary sound signals ? Is his hearing perfect? :
5. Has the applicant any deformity or loss of finger, which would interfere with the efficient performance of his duties ? :
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 alchohol, tobaco or drinks ? :
9. Marks of Identification
 - 1)
 - 2)

He / She is physically fit for the post of

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)

Left Hand Thumb
impression of applicant

Signature :
Name :
Designation &
Official Address :

Photograph
of the
applicant