

CERTIFICATE OF PHYSICAL FITNESS BY

a single Medical Officer
the Civil Medical Board

I/We do hereby certify that I/We have examined Sri/Smt. a candidate for employment in the Department and could not discover that he has any disease, constitutional affection or bodily infirmity except

I/We do not consider this disqualification for employment in the office of

His/Her age according to his/her own statement is years and by appearance about years. He/She has mark of small pox vaccination.

Personal marks of Identification*

- 1)
- 2)

Name :

Reg. No :

President

Rank :

Designation :

Members

Station :

Date :

* This should be filled in with great care after examination