

Health Certificate

I do hereby certify that I have examined Shri/Kumari/Smt.....
.....Son/Daughter/Wife of Shri.....
.....a candidate for employment in the.....
.....Department and
can not discover that he/ she has any disease, consitutional affection or bodily infirmity
Communicable or otherwise except

I do not consider this a disqualification for Employment in the office as a.....
.....The candidates age is according to his own Statement.....
.....year and by appearance about

I have further to certify the following findings on my medical Examination :-

1. Height.....Feet.....Inch
2. Weight.....I.bs.
3. Vision : R.E. L.E. With Glasses RE LE.
Distant :
Near :
4. Urine ColourSpecific Gravity.....
Albumen^Present/Nil Sugar Present/Nil.

I declare that I have/had not been Medically Examined previously for any
post in Govt. Service and was declared fit/Unfit.

Signature of the candidate

Place of Examination

Dated the

Signature of the M.O.