Medical Certificate in case of appointment of candidates under District

Health & Family Welfare Samiti, Rampurhat HD

Name of the Candidate in full (in block letters) :

Height (without shoe) : Cm.

Weight : Kg.

I hereby certify that I have examined Sri/Smt. ................................................. a candidate for employment in the District Health & Family Welfare Samiti and can't discover that Sri/Smt. ................................................. has any disease. (communicable or otherwise) constitutional weakness or bodily infirmity, except .................................................

I do not consider this a disqualification for employment in the office of State Samiti. Sri/Smt. ................................................. 's age is according to his own statement ................................ years”.

A. General Development : Good/Fair/Average/Poor

B. Vision :
   i) Uncorrected/Naked eye :
   ii) Corrected :
   iii) Nature and degree :

C. Teeth : D. Hearing :

F. Lung:

I. Spleen :

J. Hernia (present or absent) :

K. Hydroceles (present or absent) :

L. Urine. i) Specific Gravity: ii) Albumin: iii) Sugar:

M. Identification marks :

N. The Candidate is :
   i) Fit:

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: ii) Unfit on account of:

: iii) Temporarily unfit on account of:

Dated:

Signature of the Medical Practitioner

Name:

Degree:

Regn. No (with seal):

..................................................
Signature of Candidate

..................................................
Attested