

# Medical certificate in case of appointment of candidates under

## District Health and Family Welfare Samiti

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

Height (without shoe) : Cm.

Weight : Kg.

"I hereby certified that I have examined Sri/Smt..... a candidate for employment in the District Health and 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 District Samiti, Sri/Smt.....'s age is according to his own statement ..... years, and by appearance about ..... Years".

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

b. Vision : Right Eye: Left Eye:

i) Uncorrected/Naked eye :

ii) Corrected :

iii) Nature and degree :

c. Teeth : d. Hearing : e. Blood pressure :

f. Lung : g. Heart : h. Liver :

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 :

ii. Unfit on account of :

iii. Temporary unfit on account of :

Dated:

Signature of the Medical Practitioner

Name :

Degree :

Regn. No :  
(seal)

.....  
Signature of Candidate

.....  
Attested