

**Medical Certificate in case of appointment of candidates under
District Health & Family Welfare Samiti**

Name of the candidate in full (in block letters) :
 Height (without shoe) : Cm
 Weight : Kg

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

I do not consider that this is a disqualification for employment in the office of District Samiti. Mr./Miss/Mrs. 's age is, according to his/her own statementYears, 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. Temporarily unfit on account of :

Dated:

Signature of the Medical Practitioner

Name:

Degree:

Regn. No:
(Seal)

.....
Signature of Candidate

.....
Attested