

**FORM OF MEDICAL CERTIFICATE REGARDING PHYSICAL FITNESS FOR THE  
POST OF .....**

*(G.O.(P) No. 20/2011/P and ARD dated 30.06.2011)*

1. What is the applicant's apparent age ? :
2. Is the applicant to the best of your Judgement, subject to epilepsy, Vertigo or any mental ailment likely to affect his efficiency ? :
3. Does the applicant suffer from any heart or lungs disorder which might interfere with the performance of his duties ? :
4. Does the applicant suffer from any degree of deafness, which would prevent his hearing the ordinary sound signals ? Is his hearing perfect? :
5. Has the applicant any deformity or loss of finger, which would interfere with the efficient performance of his duties ? :
6. State of Muscles and Joints ( No Paralysis and all joints with free movements ) :
7. State of Nervous System ( Perfectly normal and free from any infectious diseases ) :
8. Does he show any evidence of being addicted to the extensive use of alchohol, tobaco or drinks ? :
9. Marks of Identification
  - 1)
  - 2)

He / She is physically fit for the post of .....

I certify to the best of my knowledge and belief that the applicant, Shri. ....  
..... is the person herein above described and that the attached photograph has a reasonably correct likeness.

( The signature of the Medical Officer shall be affixed on the Photograph )

Left Hand Thumb  
impression of applicant

Signature :  
Name :  
Designation &  
Official Address :

Photograph  
of the  
applicant