

**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 : 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 (with seal):

.....  
Signature of Candidate

.....  
Attested