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
tongue, which would interfere with the
efficient performance of his duties?

6. State of Muscles and Joints (No Paralysis
and all joints with free movement)

7. State of Nervous System (Perfectly normal
and free from any infectious diseases)

8. Does the applicant show any evidence of being addicted
to the excessive use of alcohol, tobacco
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