

MEDICAL CERTIFICATE OF HEALTH

I, hereby certified that I have examined Mr./Ms. _____
S/o/W/o _____ a candidate for employment in the
_____ department and cannot discover
that he/she has disease (communicable or otherwise constitutional weakness of
infirmity or bodily infirmity except _____.

I do not consider this is a disqualification for employment in the office of
_____. His/her age according to his/ her own
statement is _____ years as on _____ and by appearance about _____ years.

Certificate No.: _____

Date : _____

Govt. Medical Officer
(with rubber stamp)

(Signature of the Candidate)