

**CERTIFICATE OF PHYSICAL FITNESS BY MEDICAL OFFICER**  
**(NOT BELOW THE RANK OF CIVIL SURGEON)**

Signature of Candidate

.....

I do hereby certify that I have examined (full name) Shri/Smt/Ms ..... in candidate.....for employment under the Government as ..... in the REPCO BANK and whose signature is given above and cannot discovered that he/she has any disease, communicable or otherwise, constitutional affliction or bodily infirmity / except that his / her weight is in excess of/ below the standard prescribed, or except .

I do not consider this a disqualification for the employment he/ she seeks.

His / Her age is according to his / her own statement ..... years and by appearance about ..... years.

I also certify that he / she has marks of smallpox / vaccination.

Chest measurement in on full inspiration  
on full expiration  
Difference (expansion)

Weight in Kg.

Cardio Vascular System

Respiratory system.

His / Her vision is normal

Hyper meropic/                      Myopic/                      Astigmatic/

(Here enter the degree of defect and the strength of correction glasses)

Hearing is normal, defective (much or slight).

Urine – Does chemical examination show

(i) albumen                      (ii) sugar                      state specific gravity .

Personal marks ( at least two should be mentioned)

For identification marks

1.

2.

STATION:

Dated :

The candidate must make the statement required below prior to his/medical examination and must sign the declaration appended thereto. His/Her attention is specially directed to the warning contained in the note below :-

1. State your name in full :

2. State your age and birth place :

3. (a) Have you ever had small – pox, interminant :  
or any other fever, enlargement or suppuration  
of glands, spitting of blood, asthma,  
inflammation of lungs hear disease, fainting  
at acks, rheumatism, appendicitis?

(or)

(b) any other disease or accident requiring :  
confinement to bed and medical or  
surgical treatment ?

4. When where you last vaccinated ? :

5. Have you or any of your near relation been :  
afflicted with consumption, serofula gout,  
asthma, fits, epilepsy or insanity?

6. Have you suffered from any form of nervousness:  
due to over work or any other cause?

7. Furnish following particulars :  
concerning your family :-

Father's age, if brothers living and state of health death (1)	Father's age at death and cause of death (2)	Number of brothers living, their ages and state of health (3)	Number of dead, their ages at and causes of death (4)

Mother's age, if sisters living and state of health death (1)	Mother's age at death and cause of death (2)	Number of sisters living, their ages and state of health (3)	Number of dead, their ages at and causes of death (4)

I declare all the above answers to be, to the best of my belief, true and correct.

Candidate's  
Signature.

Note: The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information he/she will incur the risk of losing the appointment and, if appointed, of forfeiting all claim to superannuation allowance of gratuity.