

FORM OF MEDICAL CERTIFICATE

I have this day medically examined Sri/Smt.
(Name and Address)
.....
.....

and found that he/she has good physique and is free from physical deformity and diseases of any description. He/She is physically fit for the post of Field Worker in Health Services Department.

Place :

Signature:

Date :

(Name & Designation of the Medical Officer)

(Office Seal)

Note: Certificate should be one issued by a Medical Officer in Govt. Service not below the rank of Junior Consultant.