

**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 Department.

Signature  
(Name & Designation of the Medical Officer)

Place :  
Date :

(Office Seal)

**Note :-** Certificate should be one issued by a Medical Officer in Govt. Service not below the rank of Assistant Surgeon.