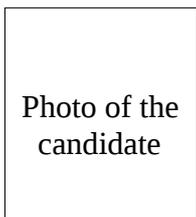


**FORM OF MEDICAL CERTIFICATE REGARDING PHYSICAL FITNESS FOR
THE POST OF DRIVER GRADE II (LDV) DIRECT AND NCA-ST, OBC, M, HN,
LC/AI IN KMCS (CATEGORY NO: 225/2016, 143/16, 144,16, 145/16, 146/16,
147/16, 148/16)**

(To be filled up by a Medical officer not below the rank of an Assistant Surgeon)

- 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 as a driver?
- 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 finger which would interfere with the efficient performance of his duties as a driver ?
- 6 State of Muscles and Joints (No paralysis and all joints with free movements)
- 7 State of Nervous System (Perfectly normal and free from any infectious diseases)
- 8 Does he show any evidence of being addicted to the extensive use of alcohol, tobacco or drinks?
- 9 Mark of Identification:

He is Physically fit for the post of Driver GrII(LDV) in KMCS. 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)



Signature
Name Designation and Official Address

Date :
Place:

(Office Seal)