

Certificate of Physical fitness

[It must be signed by a Commissioned Medical Officer or a Civil Medical Officer of rank not lower than that of Civil Surgeon or Honorary Medical Officer of the rank of Civil Surgeon (viz., Honorary Physician and Honorary Surgeon) or a District Medical Officer.]

Name and Rank of the Officer granting the certificate:

I do hereby certify that I have examined Sri/Kum/Smt. _____ a candidate for employment as **Officer MMG Scale-II** in **Pallavan Grama Bank** and cannot discover that he / she has any disease communicable or otherwise, constitutional affliction or bodily infirmity except that his / her sight is in excess of the standard prescribed, or except below.

I **do / do not** (pls strike out whichever not applicable) consider this a qualification for the employment he seeks.

I do further certify that in my opinion his general physical condition is such as to enable him to perform efficiently the active duties of executive service.

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 Small pox vaccination.

Chest measurements in cms.

On full Inspiration: _____ cms

On full expiration: _____ cms

Different (expansion) _____ cms

Height _____ cms.

Weight _____ Kgs

His / Her vision is normal.

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

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

Astigmatic (Simple and mixed)

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

Hearing is normal, Defective (much or slight)

Urine: does chemical examination shows

1. Albumin.

2. Sugar.

State specify gravity.

Personal Marks (at least two should be written)

1.

2.

Name of the Doctor

Designation / Rank

Station:

Date :

Signature with seal