FORM OF MEDICAL CERTIFICATE REGARDING PHYSICAL FITNESS FOR THE POST OF

DRIVER GRADE II (LDV) DRIVER CUM OA (LDV)

(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 judgment, 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 him 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. Marks of Identification :

1.

2.

He is physically fit for the post of Driver Gr.II (LDV) Driver Cum OA (LDV). I certify to the best of my knowledge and belief that the applicant Sri./Smt. .... 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.)

PHOTO OF CANDIDATE

Signature

Name

Place: Designation &

Date: Official Address

(Office seal