

FORM OF MEDICAL CERTIFICATE REGARDING PHYSICAL FITNESS FOR
THE POST OF DRIVER (ON CONTRACT) IN POPULATION RESEARCH CENTRE
(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 effect 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	Marks of Identification	

He is physically fit for the post of Driver in Population Research Centre

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).

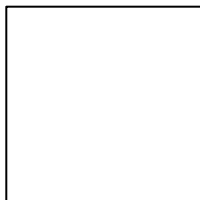


Photo of The Candidate

Signature:

Place:

Name:

Date:

Designation &

Official Address

(Office Seal)