Annexure-B

MEDICAL EXAMINATION REPORT

Candidate proposed to be appointed as

Officer / Office Assistant (M)

1. Name :
2. Signature of the candidate in full :
3. Date of Birth :
4. Height (with or without shoe) :

GIRTH OF CHEST

On full expiration :

On full inspiration :

Weight (in Kg.) :

Pulse (Rate, Vel. Tension) :

GENERAL CONFIRMATION

1. *Vision* :
2. *Teeth* :
3. *Hearing* :
4. *Lungs* :
5. *Heart* :
6. *Liver* :
7. *Spleen* :
8. *Tonsil* :
9. *Hernia* :
10. *Hydrocele* :
11. *Glyoosuria* :
12. *Albuminuria* :

Any serious type of previous ailment :

IDENTIFICATION MARK :

CERTIFICATE

I consider that the candidate Sri/Smt _____ is of sound health and good physique / is not suitable physically.

Place:

Date :

(Signature of the Medical Officer)

Designation:

REMARKS, IF ANY:

Regd. No.