TU/ADMN/ACA/FT/08(0)
ANNEXURE-IV

FORMAT OF MEDICAL CERTIFICATE

I certify that I have carefully examined Mr./Sh.....

son/daughter of Sh. ..... His/her age is about .....

His/her Chest Measurement is Unexpanded ..... Cm

Expanded ..... Cm

His/her eyesight is upto the prescribed standards.

Details of glasses, if worn .....

He/she has no disease or mental or bodily infirmity unfitting or likely to unfit him/her in the future for active outdoor service.

Marks of identification

Thumb impression

HEPATITIS "B" IMMUNISATION? Yes ☐ No ☐

Dated .....

Attested passport size recent photograph

Signature of Gazetted Medical Officer
(with official Seal)

Signature of Candidate