## FORM OF MEDICAL CERTIFICATE

	I	have	this	day	medically	examined
Sri	•••••					
	•••••					
(Name and address).	I cer	tify that	he has go	ood physical fi	tness and capacity	for active out
door work and he is	phys	ically fit	for selec	tion to the pos	st of Lascar Grade	II in Printing
Department.						
					Signature:	
				Name and	d Designation of Me	edical Officer
Place :						
Date :						
			(Offi	ce Seal)		