

**FORM OF MEDICAL CERTIFICATE REGARDING PHYSICAL
FITNESS FOR THE POST OF DRIVER GR II (LDV)/DRIVER CUM
OFFICE ATTENDANT (LDV) (DIRECT & BY TRANSFER) IN
VARIOUS DEPARTMENTS (CAT.NO.621/24 & 622/24)**

(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 the 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 identifications
 - 1.
 - 2.

He is physically fit for the post of Driver Gr II (LDV)/Driver Cum Office Attendant (LDV)

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)



Signature
Name Designation
& Official Address

(Office seal)

Place:
Date: