

Medical Fitness Certificate

(To be obtained from Government Medical Officer or from the Hospital/Diagnostic Centers tied up with Zonal Office/Regional Office of our Bank)

Date:

Affix colored
passport size
photo and
sign across

**भर्ती पूर्व चिकित्सा जांच/ Pre - Recruitment Medical
Examination**

उम्मीदवार का नाम/ Name of the Candidate	आवेदित पद/ Post Applied

आपसे अनुरोध है कि निम्नलिखित टेस्ट/परीक्षा कर दें.

You are requested to conduct the following tests/check-up covering the following:

Sr.No.	Name of Test	Remarks
1	X-Ray - Chest	:
2	ECG	:
3	Vision	:
4	Pathological Tests Viz	
	a. Blood Group	:
	b. CBC	:
	c. ESR	:
	d. Post Prandial - Blood Sugar (after 2 hours)	:
	e. Blood Sugar- Fasting	:
	f. Blood Urea Nitrogen(BUN)	:
	g. Serum Creatinine	:
	h. Lipid Profile Cholesterol	:
	i. Serum Triglycerides	:

	j. SGOT	:	
	k. SGPT	:	
	l. Australian Antigen	:	
	m. Urine Routine	:	
	n. HIV Alisa Test.	:	
5	Clinical Examination, including height & weight measurements and Blood pressure check-up by General Medical Practitioner, who will co-relate the results of the above investigations with his clinical evaluation of the candidate and certify whether he /she is fit for employment as a Bank Employee.	:	

सधन्यवाद /Thanking you,

भवदीय/ Yours faithfully,

Candidate Signature

Medical Examiner

Contact No.:

Address:

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1	Name and Address of the Candidate	:	
2	Height	:	
3	Weight	:	
4	Sex	:	
5	Age	:	
6	Blood Group	:	
7	By appearance		
	a. Is his/her vision Normal	:	Yes/No
	b. If not does he/she wear spectacles	:	Yes/No
	c. If Yes, the Power of the glass	:	
8	Does he/she suffer/suffered from the following		
	a. Any chronic & contagious disease	:	Yes/No
	b. Color Blindness	:	Yes/No
	c. Muteness and/or deafness -in case of deafness degree	:	
9	Has he/she got any apparent physical defects	:	Yes/No
	a. If so, the nature and extent (%) in the 1) Upper Limbs 2) Lower Limbs 3) Any other part of the body (with details)		
10	Will any of the defects (if any) as shown in the clause 6 and/or clause 7 above come in the way of his/her normal functions like		
	a. Conversing		Yes/No
	b. Walking		Yes/No
	c. Hearing		Yes/No

P.T.O.

Doctor's Remarks

Suitable grading may be given depending on the candidate's medical fitness as follows:

- A) Fit for Service
 - B) To be kept on probation for _ _ _ _ months to improve health
 - C) Not fit for service
- (If the grading is B or C please state reasons)

Signature of the Doctors with Registration Number and Seal

Place:

Date:

Signature of the Candidate