

Medical Fitness Certificate

(To be obtained from Government Medical Officer or from the Hospital/Diagnostic Centers tied up with FGMO/RO 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. Colour Blindness : Yes/No
 - c. Muteness and/or deafness -in case of :
deafness degree
- 9 Has he/she got any apparent physical : Yes/No
defects
 - 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

