

MEDICAL FORM FOR INITIAL EMPLOYMENT TO AFHQ SERVICES

No. of Brothers living,
their age and State of
health

No. of Brothers dead, their
age at death and cause of
death

Mother's age, if living

Mother's age at death
And cause of death

No. of sisters living, their
age and state of health

No. of sisters dead, their
age at death and cause
Of death

I declare all the answers to be true and correct to the best of my belief.

I also solemnly affirm that I have not received a disability certificate/pension on account of any disease or other condition.

(Candidate's Signature)

Signed in my Presence

(Signature & Office Stamp of
Medical Officer)

Note: The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information he/she will incur the risk if losing the appointment and, if appointed, of foregoing all claim to superannuation allowance of gratuity.

MEDICAL FORM FOR INITIAL EMPLOYMENT TO AFHQ SERVICES

Part-II

FORM OF MEDICAL CERTIFICATE

I hereby certify that I have examined Sh/Smt/Km _____
_____ a candidate for appointment in the
grade of _____ in AFHQ/ISOs and
cannot discover that he/she has any disease (communicable or otherwise), constitutional
weakness or body infirmity except _____

2. I do not consider this a disqualification for temporary/permanent employment in
AFHQ/ISOs. Sh/Smt/Km _____'s
age is, according to his/her own statement _____
and by appearance about _____ years.

Dated:

Signature _____

Designation _____

Signature of the Candidate _____

Left Hand Thumb & Fingers impression:-

Thumb

Fore-Finger

Middle Finger

Ring Finger

Little Finger