

| चिकित्सा प्रमाण पत्र Medical Certificate | | |
|---|----------|--|
| Name of the Candidate: | | Paste a recent clear passport size photograph |
| Roll No. | | |
| Signature: | | |
| Left Thumb Impression: | | (Photo to be attested by the Medical Officer) |
| <p>I do hereby certify that I have examined Shri/ Smt./ Kum. _____ a candidate for employment in the Customs Department and cannot discover that he/she has any disease (Communicable or otherwise), constitutional weakness or bodily infirmity except _____. I do not consider this as a disqualification for employment in the office of the Commissioner of Customs, Cochin. His / her age is according to his/her own statement _____ years by appearance about _____ years.</p> | | |
| <p>Personal marks of identification:</p> <p>1.....</p> <p>2.....</p> | | |
| (Seal of the Medical Officer) | | (Signature of the Medical Officer) |
| Place: | Name: | |
| Date: | Reg. No. | |

उम्मीदवारों के बयान और घोषणा CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement required below prior to his/her Medical Examination and must sign the declaration appended thereto. His/her attestation is specially directed to the warning contained in the note below:-

1. State your name in full (In Block Letters) :
2. Roll Number:
3. State your age and place of birth :
4. (a) Have you ever had small-pox, intermittent or any :
other fever, enlargement of suppression of glands,
spitting of blood, Asthma, heart disease, lung
disease, fainting attacks, rheumatism appendicitis?
(b) Any other disease or accident requiring :
confinement to bed and medical or surgical
treatment?
5. When were you last vaccinated? :
6. Have you or any of your near relations been afflicted :
with consumptions, scrofula, gout, asthma, fits,
epilepsy or insanity?
7. Have you suffered from any form of nervousness due to :
overwork or any other cause?
8. Have you been examined and declared unfit for Govt. :
service by a Medical Officer/Medical Board, within
the last three years ?
9. Furnish the following particulars concerning your family:

| Father's age if living and state of health | Father's age at death and cause of death | No. of brothers living, their age & state of health | No. of brothers dead their age at death and cause of death |
|--|--|---|--|
| | | | |

Annexure-B

| Mother's age if living and state of health | Mother's age at death and cause of death | No. of sisters living, their age & state of health | No. of sisters dead their age at death and cause of death |
|--|--|--|---|
| | | | |

I declare all the above answers to be, to the best of my knowledge and belief, correct.

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

(Signature of the Candidate)

(Seal of the Medical Officer)

(Signed in my presence)
(Signature of the Medical Officer)

Place:

Name:

Date:

Reg. No.

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