

9) Are there any symptoms/signs, suggesting abnormality or disease of the respiratory system?

10) Is there any evidence of enlargement of liver or spleen, or history of ulcer of stomach or duodenum?

11) Is there any abnormality in abdomen or abnormality of pelvis?

12) Is there hernia present?

13) Is there any evidence of disease of central or peripheral nervous system?

14) Is there any evidence of skin disease, varicose veins, filariasis or marked anemia?

15) Is there any evidence of operation? if so state -

- a) Year of operation
- b) Nature and its cause
- c) Its location, size and condition of scar
- d) Degree of impairment, if any

16) In the case of married female candidates whether there is indication of pregnancy and if so, the expected date of delivery

17) Is he/she in your opinion, fit for appointment in the corporation?

I hereby certify that I have this day examined the above candidate personally, in private and have recorded in my own hand the true and correct findings.

I declare that I am not related to the candidate.

Dated at _____ on the _____ day of _____ 201__

Signature of the candidate

Signature of the Medical Examiner

Medical Examiner's Name: _____

Address: _____

Qualification: _____

Code No: _____

Limit: _____