

CANDIDATE'S PARTICULARS

Name of official (in block letters)
Father's Name Caste or Race
Address
..... date of birth by Christian
era..... exact height by measurement and
personal marks for identification

Authorised Signatory

I do hereby declare that I have not any time being pronounced unfit for Govt. by the Medical Board at the India Office or any other duly constituted Medical Authority.

Signature of the official

I do hereby certify that I have examined Shri/Smt./Ms./Kumari a candidate for employment in the SJVNL and could not discover that He/She has disease constitution affection of bodily infirmity except I do not consider this is a disqualification for employment in the office of the SJVNL. His/Her age is according to his/her own statement years and by appearance about.....

Left/Right Hand Thumb and Finger impression of

Thumb Ring Finger Middle Finger Ist Finger.

Affix recent Passport Size Photograph

**(Civil Surgeon)
Civil Hospital**