

MEDICAL CERTIFICATE

1. Reference Article 49 C.S.R. read with Navy Order 5/73(Civ).
2. I hereby certify that I have examined Shri/Smt/Kum \_\_\_\_\_  
\_\_\_\_\_ candidate for employment in the Navy as  
\_\_\_\_\_ and cannot discover that he/ she has disease  
(communication or otherwise ) constitutional weakness or infirmity or bodily infirmity  
except \_\_\_\_\_
3. I do not consider this a disqualification for employment in the navy. His /her age  
according to his/ her own statement is \_\_\_\_\_ years and by appearance  
about \_\_\_\_\_ years.
4. Identification Marks:- \_\_\_\_\_  
(a) \_\_\_\_\_  
(b) \_\_\_\_\_
5. (a) I consider that he/she is **FIT FOR SERVICE** and also for **FIELD SERVICE.**  
(b) I consider that he/She is **TEMPORARILY UNFIT** on account of  
\_\_\_\_\_
6. Candidate's Signature \_\_\_\_\_

MEDICAL SUPERINTENDENT  
MEDICAL OFFICER-IN-CHARGE

Place :-

Date :- \_\_\_\_\_

\*\* In case of Female candidate, if it is found that she is pregnant of 12 weeks standing or over, she should be declared temporarily unfit in terms of Article 51 under CSR.

Contd.....2/-

CANDIDATES STATEMENT AND DECLARATION

The candidates must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the note below:-

1. State your name in full:- \_\_\_\_\_  
(in block letters)
2. State your age and place of birth:- \_\_\_\_\_  
  - (a) Have you ever had small pox intermittent or any other fever, enlargement or separation of glands ,spitting of blood, asthma, Heart disease, fainting attacks, cheumetism appendicitis \_\_\_\_\_
  - (b) Any other disease or accident requiring confinement to bed and medical or surgical treatment \_\_\_\_\_
3. Where were you last vaccinated? \_\_\_\_\_
4. Have upon on any of your near relatives been afflicted with consumption, sorefula, gout asthma ,fit epilepsy or insanity ?
5. Have you been examined and declared unfit for Govt. Service by a Medical Board within the last three years \_\_\_\_\_
6. Have you suffered from and form of nervousness due to over work or any other cause? \_\_\_\_\_

7. 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 ages & state of Health	No. of brothers dead ,their ages at death and cause of death

Mother's age if living and state of Health	Mother's age at death and cause of death	No. of sisters living their ages & state of Health	No. of sisters dead ,their ages at death and cause of death

I Declare all the above answers to be, the best of my belief true and correct.

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

Candidate's Signature :- \_\_\_\_\_

Signed in my presence:- \_\_\_\_\_

Signature of Medical Officer :- \_\_\_\_\_

Note:- The candidate will be held responsible for the accuracy of the above Statement, by willfully suppressing any information he will incur the risk of lose the appointment and if appointed for refitting all claim to superannuation for gratuity.