

MEDICAL CERTIFICATE OF FITNESS ON FIRST ENTRY INTO
UNIVERSITY SERVICE

I hereby certify that I have examined _____ A candidate for employment in the Himachal Pradesh University whose particulars are given in the attached proforma and cannot discover that he/she has any disease communicable or otherwise constitutional affection/or bodily infirmity, except _____ I do not consider this a disqualification for employment in this Himachal Pradesh University. His/Her age is according to his/her own statement _____ years and by appearance about _____ years.

AMRU

ATL MEDICAL & RESEARCH
UNIVERSITY, HIMACHAL PRADESH

Signature of Medical Officer

PARTICULARS OF CANDIDATE

अटल आयुविज्ञान एवं अनुसंधान
विश्वविद्यालय, हिमाचल प्रदेश

1. Name of Candidate :
2. Post for which selected :
3. Caste or Race :
4. Present Residence :
5. Father's Name & Residence :
6. Date of Birth (in figure :)
(In words :)
7. Exact Height :
8. Personal marks for identification :
(In capital Letters)
9. Permanent Home Address :

DECLARATION FROM CANDIDATE :-

I do hereby declare that I have not any time pronounced unfit for Govt./University employment by any Medical Board in India or any other duly constituted Medical Authority.

Signature of Candidate

Atal Medical & Research University (AMRU), H. P.

CANDIDATE'S STATEMENT AND DECLARATION

The Candidate must take the statement required below prior to his medical examination must sign the declaration appended there to and attention especially directed to the warning condition in the note below:-

1. State your name in full : _____
(In Block Letters)
2. State your age and place of birth : _____
3. (a) Have you ever had small pox intermittent or any other fever Enlargement or suppuration of glands spitting of blood, Asthma, Heart disease, lung disease, fainting attacks, rhoumation appendicitis? अटल आयुर्विज्ञान एवं अनुसंधान _____
- (b) Any other disease or accident required confined to bed and medical or surgical treatment : _____
4. When were you last Vaccinate? : _____
5. Have you or any of your near relations been afflicted with Consumption, scrofula, gout, asthma, fits, epilepsy or insanity? : _____
6. Have your suffered from any form of nervousness due to Overwork or any other cause? : _____
7. Have you been examined and declared unfit for Government Service by a Medical Officer/Medical Board, within the last three Years? : _____

8. FURNISH THE FOLLOWING PARTICULARS CONCERNING YOUR FAMILY :-

Father's age if living and state of Health	Father's age at death & Cause of death	No. of brothers living their age & state of Health	No. of brothers dead, their ages at death & cause of deat

Mother's age if living and state of Health	Mother's age at death & Cause of death	No. of sisters living their age & state of Health	No. of sisters dead their ages at death & 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 disability certificate/Pension on account of any disease or other condition.

अटल आयुर्विज्ञान एवं अनुसंधान
(Candidate's Signature)
विश्वविद्यालय, हिमाचल प्रदेश

Signature of Medical Officer/Stamp

The Candidates shall be held responsible for the accuracy of the above statement. Any wilfully suppressing any information he will incur the risk of losing the appointment and, if appointed of forfeiting all claim to superannuation allowance of gratuity.

सर्वे भवन्तु सुखिनः
सर्वे सन्तु निरामयाः