

CERTIFICATE OF PHYSICAL FITNESS

(To be issued by the doctor not below the rank of Civil Surgeon)

Signature of the Candidate:

I do hereby certify that I have examined Mr / Ms _____
a candidate for employment as **Office Assistant / Officer Scale – I / Officer Scale - II** in
Saptagiri Grameena Bank, Head Office ,Chittoor, Andhra Pradesh and whose signature is
given above and cannot discover that he/she has any disease, communicable or otherwise,
constitutional affliction or bodily infirmity/except that his/her weight is in excess of/below the
standard prescribed or except below --

I do not consider this a disqualification for the employment he / she seeks. His / Her age is
according to his / her own statement __ years and by appearance about __ years. I also certify
that he / she has marks of smallpox / vaccination.

on full inspiration

Chest Measurement in on full expiration

Difference (expansion)

Height Weight in Kgs.....

His / Her vision is normal

Hypermetropic

Myopia

Astigmatic

(Here enter the degree of defect and the strength of correction glasses)

Hearing is normal or defective (much or slight)

Urine - Doss chemical examination shows :-

(i) Albumen

(ii) Sugar

(iii) State specific gravity

Personal marks (at least two should be mentioned) for identification marks:

(i)

(ii)

Station :

Date :

Signature with seal

Name of the Doctor:

Designation / Rank

(not below the rank of civil surgeon)