

MEDICAL CERTIFICATE

I hereby certify that I have examined Shri/Smt/Kum _____
_____ a candidate for employment in the Employees' State Insurance Corporation
and cannot discover that Shri/Smt/Kum _____ has any disease (communicable or
otherwise), constitutional weakness or bodily infirmity.

I do not consider this a disqualification for employment in the Office of the Employees' State
Insurance Corporation.

* He/She has deformity or defect which may hinder him/her in working as Upper Division Clerk

* He/She has no deformity or defect which may hinder him/her in working as Upper Division Clerk

Mark of identification: 1) _____

2) _____

Signature & L.H.T.I. of
the candidate.

Civil Surgeon or District Medical Officer of Govt. hospital
or Medical Superintendent of ESIC Hospital

*Strike out which is not applicable