

## Certificate of Physical fitness

[It must be signed by a Commissioned Medical Officer or a Civil Medical Officer of rank not lower than that of Civil Surgeon or Honorary Medical Officer of the rank of Civil Surgeon (viz., Honorary Physician and Honorary Surgeon) or a District Medical Officer.]

I hereby certify that I have examined (Full Name) Mr./Ms. \_\_\_\_\_ a candidate for employment as \_\_\_\_\_ in Tamil Nadu Grama Bank and cannot discover that he / she has any disease communicable or otherwise, constitutional weakness or bodily infirmity except \_\_\_\_\_. I do not consider this a disqualification for employment in the office of Tamil Nadu Grama Bank. His/her weight is not in very much excess or below the normal.

His / Her age is according to his / her statement \_\_\_\_\_ years and by appearance about \_\_\_\_\_ years. I also certify that he/she has marks of small pox/vaccination.

S.No	Physical Standards	Measurements
1.	Height	in cms
2.	Weight	in kgs
3.	Chest Measurement	
	On full inspiration	in cms
	On full expiration	in cms
	Expansion(Difference)	in cms
4.	Vision and Hearing Standards	
	Vision	Normal/Defective
	Hypermetropia	
	Myopic	
	Astigmatic	Simple/Mixed
	Hearing	Normal/Defective
5	Urine Test (Result of Chemical Examination)	
	a.Albumin	
	b.Sugar	
	c. State specific Gravity	
6.	Blood Pressure	
7.	Blood Group	
8.	Neurological disorder if any	
9.	Female Candidates:Pergnancy Status (in months)	
10.	Personal Marks of indentification (Please provide two marks)	
11.	Other remarks if any	

Signature of the Medical Practitioner :

Name :  
Registration Number :  
Place and Date :  
Seal :