

## **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..... Blood Group.....

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)**