

FITNESS CERTIFICATE

**(To be obtained from Bank's doctor or any Regd. Medical Practitioner
having MBBS degree or more qualified and acceptable to the Bank)**

I hereby certify that I have examined (Full Name) _____ a candidate for apprenticeship in Indian Bank and cannot discover that the candidate has any disease communicable or otherwise, constitutional affection or bodily infirmity and that the candidate's weight is not in very much excess or below the normal.

Candidate's age according to own statement is _____ years and by appearance about _____ years. I also certify that the candidate has marks of small pox/vaccination.

| S. No | Physical Standards | Measurements |
|-------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 1 | Height | in cms |
| 2 | Weight | in kgs |
| 3 | Chest measurement | |
| 3.1 | On full inspiration | in cms |
| 3.2 | On full expiration | in cms |
| 3.3 | Expansion (Difference) | in cms |
| 3.4 | X-Ray-Chest | Remarks: |
| 4 | Vision and Hearing Standards | |
| 4.1 | Vision is (Please tick the appropriate) | a) Normal <input type="checkbox"/> b) Defective |
| 4.2 | Hypermetropic (enter the degree of defect and the strength of correction spectacles) | |
| 4.3 | Myopic (enter the degree of defect and the strength of correction spectacles) | |
| 4.4 | Astigmatic (Please tick and enter the degree of defect and the strength of correction spectacles) | a) Simple <input type="checkbox"/> b) Mixed <input type="checkbox"/> |
| 4.5 | Hearing is (Please tick the appropriate) | a) Normal <input type="checkbox"/> b) Defective <input type="checkbox"/> |
| 5 | Urine Test | |
| | Result of Chemical Examination | |
| | (i) Albumin | |
| | (ii) Sugar | |
| | (iii) State Specific Gravity | |
| | (iv) Any other specific observations | |
| S.No | Personal Marks of identification (Please provide two marks) | |
| 1 | | |
| 2 | | |

I certify that the candidate is fit for apprenticeship training in the Bank.

Remarks:

.....
Signature of Doctor with Regn.No.

.....
Full Signature of the candidate Attested
Date:

Doctor's Name:
Hospital / Clinic Address:
Phone / Mobile No.
Email: