

**HEALTH CERTIFICATE**

I do hereby certify that I have examined Shri/Smt./Kum. ....  
..... a candidate for employment in the Defence Accounts  
Department and can not discover that he/she has any disease (communicable or  
otherwise), constitutional affection or bodily infirmity except .....  
..... I do not consider this a disqualification for employment in  
the Defence Accounts Department.

His/Her age accordingly to his/her own statement is .....  
..... years and by appearance is above .....  
..... (in words).

He/She is fit for "General and Field Service" in and out of India.

Date:

Signature:

Name of M.O.:

Signature of Shri/Smt./Kum. ....

obtained before ..... the

marks of identification are given below:

1)

2)

Signature:

Name of candidate:

Signature of the M.O.

Rank: