

CANDIDATE'S STATEMENT AND DECLARATION

The candidates must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the note below:

1. State your name in full :
(Block letters)
2. State your age and place of Birth :
- 3(a) Have you ever had small pox intermittent :
or any other fever, enlargement of
suppuration of gland, spitting of blood
Asthama bear disease lung disease
fainting attacks, rheumatism appendicitis.
- (b) Or any other disease or accident requiring :
conferment to bad and medical or surgical
treatment?
4. When were you last vaccinated? :
5. Have you or any of your near relation :
been afflicted with consumption scrofula
gout asthma, fits epilepsy or insanity?
6. Have you suffered from any form of :
nervousness due to over work or any
other cause?
7. Have you been examined and declared :
Unfit for Govt. service by a Medical
Officer, Medical Board with the last 3
years?

8. Furnish the following particulars:

Father's age if living & state of health	Father's age at death & cause of death	No. of brothers living, their ages and state of health	No. of brothers dead, their ages at death & cause of death
1	2	3	4

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Mother's age if living & state of health	Mother's age at death & cause of death	No. of sisters living, their ages and state of health	No. of sisters dead, their ages at death & cause of death
1	2	3	4

I declare all the above ensures to be to the best of my belief true and correct.

Solemnly affirm that I have not received a disability certificate/pension on account of any diseases or other condition.

Candidate's Signature:

Signed in my presence:

Signature of the Medical Officer:

Note: The candidate will be held responsible for the accuracy of the above statement. By Willfully suppressing any information, he/she will incur the risk of losing the appointment and if appointed of forfeiting all claim to superannuation allowances or gratuity.