

Affix your recent
passport size
photograph. It should
be attested by Chief
Medical Officer of
respective district.
Cross signed
photograph

MEDICAL INSPECTION FORM

Date of Birth _____

Roll No. _____ Name _____ Class IV

Height _____ Weight _____ Chest _____

Aadhar Card No _____

1. **VISUAL STANDARDS :** **RIGHT EYE** **LEFT EYE**

Distant Vision

Near Vision

Colour Vision

Field of Vision

Binocular Vision

Squint

SIGNATURE

2. **E.N.T. REPORT**

SIGNATURE

3. **MEDICAL REPORT**

SIGNATURE

4. **SURGICAL REPORT**

SIGNATURE

5.

SR NO	OBSERVATIONS	REMARKS
1	ANY SIGN OF MURMUR	
2	FLAT FEET OR KNOCK KNEES	
3	CARRYING ANGLE OF ELBOW	

CERTIFIED THAT THE CANDIDATE IS MEDICALLY **FIT / UNFIT.**

SIGNATURE

DATED : _____

CIVIL SURGEON

NOTE:- DETNAL CHECK UP WILL BE ONLY DONE IF REQUIRED FOR AGE VERIFICATION, AND THAT TOO UNDER THE MNSS, RAI AUTHORITY ON PHYSICAL JOINING.