

CERTIFICATE OF PHYSICAL FITNESS

Name, Rank and Medical Qualifications
of an Officer Granting the Certificate with
Register Number.

I do hereby certify that I have examined (full name _____) a candidate for employment under the Transmission Corporation of Telangana Limited, in the O&M service as _____ and cannot discover that he/she has any disease, constitutional affection or bodily infirmity except that his weight is in excess or below the standard prescribed, or except I do/do not consider this a disqualification for the employment he/she seeks.

I do further certify that in my opinion his/her general physical condition is such as to enable him/her to perform efficiently the active duties of executive service.

I also certify that he/she has marks of Small Pox/Vaccination.

Chest Measurement in centimeters in full inspiration/on full expiration/difference (Expansion).

Weight (in kgs)	Height	Meters	Centimeters.
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His/Her
Vision Is
Normal
Hypermetropic ()

(Here enter the degree of defect and the strength of correction of glasses).

Myopic ()

(Here enter the degree of defect and the strength of correction of glasses).

Astigmatic (simple or mixed)()

(Here enter the degree of defect and the strength of correction of glasses).

Hearing is normal/defective (Much or slight).

Urine-Does chemical examination show(1) albumen, (2) Sugar, if so state specific gravity.

Personal Marks (atleast two should be mentioned)

i)

ii)

Station:
Date:

Signature
Rank/Qualification:
Designation:

The candidate must make the statement required below prior to his/her medical examination and must sign the declaration, appended thereto. His/Her attention is specially directed to the warning contained in the note below.

1. State your name in full:
2. State your age and birth place:
3. a) Have you ever had small pox, intermittent or any other fever, enlargement or suppuration of glands splitting of blood, asthma, inflammation of lungs, heart disease, fainting attacks, rheumatism, appendicitis?

OR

- b) Any other disease or accident requiring confinement to bed and medical or surgical treatments?
- c) Suffered from any illness, wound or injuries sustained while on active services during the war.
4. When were you last vaccinated?
5. Have you or any of your near relations 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 Government or TSTRANSCO service by any Medical Officer/Medical board within the last three years?
(To be filled in only in the case of candidate under Class-III and Class-IV of any service under TSTRANSCO)
8. Furnish the following particulars concerning your family.

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

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

I declare that all the above answers are true and correct to the best of my knowledge.

CANDIDATE'S SIGNATURE

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 for forfeiting all claims to superannuation allowance or gratuity.