

(CANDIDATE STATEMENT AND DECLARATION)

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

1. State your Name in Full :
(In block letters)

2. State your age and place of birth :

3. (a) Have you ever had small –pox, :
Intermittent or any other fever,
Enlargement or Suppuration of
glands, spitting of blood, asthma,
heart diseases, Lung diseases, fainting
attacks, rheumatism appendicitis?
OR

(b) Any other disease or accident requiring :
surgical confinement to bed and
medical or surgical Treatment?

4. When were you last vaccinated? :

5. Have you or any of your near relations :
Been afflicted with consumption,
Scrofulam 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,
within the last 3 years ?

8. Furnish the following particulars concerning your family :-

Father's age is living & state of health	Father's age at death & cause of death	Number of brothers living, their ages and state of Health.	N. of brothers dead, their ages at death and cause of death.

Mother's age if living & state of health.	Mother's age at death and cause of death	Number of Sisters living, their ages and state of Health.	N. of Sisters dead, their ages at death and cause of death.

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

I also solemnly affirm that I have not received a disability certificate pension on account of any disease or other condition.

Candidate's Singature.....

Signed in my presence

Signature of Medical Officer

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Note:- The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information, he will incur the risk of losing the appointment of forfeiting all claim to superannuation allowance or gratuity.

I hereby certified that I have examined Sh.Son of ShriA candidate for employment as In the Central Research Institute, Kasauli and cannot discover that he has any disease 'Communicable or otherwise', constitutional weakness or bodily infirmity except I do not consider this disqualification for employment in the office if the Director. Central Research Institute, Kasauli.

Central Research Institute,
Kasauli, Dated the

M.B.B.S.,
Medical Examiner/
Assistant Director.

Signature of

Taken in my presence

Signature of

Central Research Institute,
Kasauli, Dated the

M.B.B.S.,
Medical Examiner/
Assistant Director.