

FORM OF MEDICAL FITNESS CERTIFICATE TO BE SIGNED BY
JOINT DIRECTOR OF HEALTH SERVICES

I hereby certify that I have examined _____
_____ a candidate for
employment in the office of the Assam Public Service Commission and cannot
discover that he/she has any disease (communicable & otherwise)
constitutional weakness or bodily deformity except _____
_____ do not consider this is a
disqualification for employment in the office of the Assam Public Service
Commission.

Place:

Signature

Date:

Name:

Official Designation :

Signature of Applicant

With Seal