

FORM OF MEDICAL CERTIFICATE

1	Name :		
2	Date of Birth:		
3	Father's/Spouse's Name:		
4	Identification Mark:		
5	Chest Size:		
6	Chest Expandability:		
7	General	Build:	Height:
		Anaemia:	Weight:
8	CVS	Heart Rate & Rhythm	ECG
		B.P. Supine Sitting	Standing
9	RS:	No investigation required if NAD	
10	Hydrocele & Hernial Orifices		
11	CNS: Whether any abnormality detected:		
12	Vision	Spectacle(Power) V.A:	
13	Prostate enlargement:	Hydrocele	
14	Ears	Hearing	
15	Present Medications:		
16	Past History	(a) Medical	(b)Surgical
17	Drug Allergies:		
18	Family History: Any Hereditary disease:		
19	Blood:	Haemoglobin	D.C.
20	Blood Grouping & Rh. Typing		
21	VDRL		
22	Glucose Tolerance		
23	Urine Examination	FBS	
24	X-Ray Chest P.A. View (Optional)	PPBS	
<p>I do hereby certify that I have examined Mr/Ms.a candidate for employjnt in Odisha Gramya Bank and can not discover that he/she ghas any disease, constitutional affection, or bodily infirmity except.....</p> <p>I consider/do not consider this a disqualification for employment under Odisha Gramya Bank. His/Her age according to his/her own statement isyears.</p>			

Place:

Date:

Signature of Candidate

Attested

N.B. (Signature of the Candidate to be attested by the certifying Medical Officer.

Signature of Medical Officer/Registered Medical Practitioner (with minimum qualification of MMBS from a recognised Indian University)