



**MEDICAL FORM FOR INITIAL EMPLOYMENT TO AFHQ SERVICES**

No. of Brothers living,  
their age and State of  
health

No. of Brothers dead, their  
age at death and cause of  
death

Mother's age, if living

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Mother's age at death  
And cause of death

No. of sisters living, their  
age and state of health

No. of sisters dead, their  
age at death and cause  
Of death

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

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

\_\_\_\_\_  
(Candidate's Signature)

Signed in my Presence

\_\_\_\_\_  
(Signature & Office Stamp of  
Medical Officer)

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 if losing the appointment and, if appointed, of foregoing all claim to superannuation allowance of gratuity.

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**Part-II**

**FORM OF MEDICAL CERTIFICATE**

I hereby certify that I have examined Sh/Smt/Km \_\_\_\_\_  
\_\_\_\_\_ a candidate for appointment in the  
grade of \_\_\_\_\_ in AFHQ/ISOs and  
cannot discover that he/she has any disease (communicable or otherwise), constitutional  
weakness or body infirmity except \_\_\_\_\_  
\_\_\_\_\_

2. I do not consider this a disqualification for temporary/permanent employment in  
AFHQ/ISOs. Sh/Smt/Km \_\_\_\_\_'s  
age is, according to his/her own statement \_\_\_\_\_  
and by appearance about \_\_\_\_\_ years.

Dated:

Signature \_\_\_\_\_

Designation \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Left Hand Thumb & Fingers impression:-

**Thumb**

**Fore-Finger**

**Middle Finger**

**Ring Finger**

**Little Finger**