

Form S-3

Standard format of medical certificate

[See clause (g) of sub-rule (4) of rule 11)]

(On the letter head of the medical practitioner)

This is to certify that I have carefully examined the person whose particulars are furnished below –

1.	Name of the person examined	
2.	Father's Name/Spouse Name	
3.	Residential address	
4.	Age and date of birth	
5.	Height	
6.	Weight (in Kgs)	
7.	Blood pressure (please specify)	
8.	Deformity, if any (particularly in upper limbs)	
9.	Any other observation	

On the basis of examination, it is certified that the person examined as mentioned in column 1 above –

1. is in good physical health and is free from any physical deformity;
2. Has been found to be of stable mental condition and is not inclined to violence;
3. Has been found not dependent on any substance which has an intoxicating or narcotic effect.

Signature of the person examined *named in column (1)* _____

Signature of the medical practitioner _____

Registration Number _____

SEAL