

CERTIFICATE OF PHYSICAL FITNESS

Name, Rank and Medical Qualifications
Of an Officer Granting the Certificate
With Register Number.

I do hereby certify that I have examined (full name _____) a candidate for employment under the Transmission Corporation of A.P. Limited, in the Engineering Service as _____ and cannot discover that he/she has any disease, constitutional affection or bodily infirmity except that his weight is in excess or below the standard prescribed, or except I do/do not consider this a disqualification for the employment he/she seeks.

I do further certify that in my opinion his/her general physical condition is such as to enable him/her to perform efficiently the active duties of executive service.

I also certify that he/she has marks of small – Pox/Vaccination.

Chest Measurement in centimeters in full inspiration/on full expiration/difference (Expansion).

Weight (in kgs)	Height	Meters	Centimeters.
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His/Her Vision Is Normal Hypermetropic ()
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(Here enter the degree of defect and the strength of correction of glasses).

Myopic ()
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(Here enter the degree of defect and the strength of correction of glasses).

Astigmatic (simple or mixed) ()
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(Here enter the degree of defect and the strength of correction of glasses).

Hearing is normal/defective (Much or slight).

Urine-Does chemical examination show (1) albumen, (2) Sugar, if so state specific gravity.

Personal Marks (atleast two should be mentioned)

i)

ii)

Station:
Date:

Signature
Rank/Qualification:
Designation:

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

1. State your name in full:

2. State your age and birth place:

3. a) Have you ever had small pox, intermittent or any other fever, enlargement or suppuration of glands splitting of blood, asthma, inflammation of lungs, heart disease, fainting attacks, rheumatism, appendicitis?

OR

- b) Any other disease or accident requiring confinement to bed and medical or surgical treatments?

- c) Suffered from any illness, wound or injuries sustained while on active services during the war.

4. When were you last vaccinated?

5. Have you or any of your near relations been afflicted with consumption, scrofula, 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 Government or APTRANSCO service by any Medical Officer/Medical board within the last three years?
(To be filled in only in the case of candidate under Class-III and class-IV of any service under APTRANSCO)

8. Furnish the following particulars concerning your family.

Father's age if living and state of health	Father's age at death & cause of death	No., of brothers living, their ages & State of health	No., of brothers dead, their ages and cause of death.

Mother's age if living and state of health	Mother's age at death & cause of death	No., of sisters living, their ages & State of health	No., of sisters dead, their ages and cause of death.

I declare that all the above answers are true and correct to the best of my knowledge.

CANDIDATE`S SIGNATURE

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 of losing the appointment and if appointed for forfeiting all claims to superannuation allowance or gratuity

DECLARATION SHOULD BE SIGNED BY THE CANDIDATE

1. I hereby declare that the statements made in this form are true to the best of my knowledge and belief:
2. I am married/unmarried and have only one wife/husband living (delete, which ever is not applicable).
3. I am fully aware that furnishing of false information or suppression of any factual information in the attestation form would be a disqualification and is likely to render me unfit for employment under the Transmission Corporation of A.P. Limited.
4. I am also fully aware that if it comes to notice at any time during my service that false information has been furnished or that there has been suppression of factual information in the attestation form, my services would be liable to be terminated solely on this ground.

Date:

Signature of the Candidate

Place:

(Certificate to be signed by a Gazetted Officer or Member of Legislature or other authority prescribed by the Appointing Authority).

Certified that I have known Sri/Kum/Smt. _____ S/o, D/o of
 Sri. _____ for the last
 _____ Years and _____ Months and to the best of my knowledge and
 belief the particulars furnished by him/her are correct.

Date:

Place

Signature
 Designation or status and Address with
 Office Seal