



**MEDICAL CERTIFICATE OF FITNESS ON FIRST ENTRY INTO UNIVERSITY SERVICE**

I hereby certify that I have examined \_\_\_\_\_ A candidate for employment in the Himachal Pradesh University whose particulars are given in the attached proforma and cannot discover that he/she has any disease communicable or otherwise constitutional affection/or bodily infirmity, except\_\_\_\_\_. I do not consider this a disqualification for employment in this Himachal Pradesh University. His/Her age is according to his/her own statement\_\_\_\_\_ years and by appearance about\_\_\_\_\_ years.

Signature of University Medical Officer

**PARTICULARS OF CANDIDATE**

- 1. Name of Candidate : .....
- 2. Post for which selected : .....
- 3. Caste or Race : .....
- 4. Present Residence : .....  
.....
- 5. Father's Name & Residence : .....
- 6. Date of Birth (in figure : .....)  
(In words : .....)
- 7. Exact Height : .....
- 8. Personal marks for identification : .....  
(In capital Letters)
- 9. Permanent Home Address : .....  
.....  
.....

**DECLARATION FROM CANDIDATE :-**

I do hereby declare that I have not any time pronounced unfit for Govt./University employment by any Medical Board in India or any other duly constituted Medical Authority.

**Signature of Candidate**

**HIMACHAL PRADESH UNIVERSITY**  
**CANDIDATE'S STATEMENT AND DECLARATION**

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The Candidate must take the statement required below prior to his medical examination must sign the declaration appended there to and attention especially directed to the warning condition in the note below:-

1. State your name in full : \_\_\_\_\_  
(In Block Letters)
2. State your age and place of birth : \_\_\_\_\_
3. (a) Have you ever had small pox intermittent or any other fever Enlargement or suppuration of glands spitting of blood, Asthma, Heart disease, lung disease, fainting attacks, rhoumation appendicitis? : \_\_\_\_\_  
(b) Any other disease or accident required confined to bed and medical or surgical treatment : \_\_\_\_\_
4. When were you last Vaccinate? : \_\_\_\_\_
5. Have you or any of your near relations been afflicted with Consumption, scrofula, gout, asthma, fits, epilepsy or insanity? : \_\_\_\_\_
6. Have your suffered from any form of nervousness due to Overwork or any other cause? : \_\_\_\_\_
7. Have you been examined and declared unfit for Government Service by a Medical Officer/Medical Board, within the last three Years? : \_\_\_\_\_

**8. FURNISH THE FOLLOWING PARTICULARS CONCERNING YOUR FAMILY :-**

| <b>Father's age if living and state of Health</b> | <b>Father's age at death &amp; Cause of death</b> | <b>No. of brothers living their age &amp; state of Health</b> | <b>No. of brothers dead, their ages at death &amp; cause of death</b> |
|---|---|---|---|
|   |   |   |   |

| <b>Mother's age if living and state of Health</b> | <b>Mother's age at death &amp; Cause of death</b> | <b>No. of sister's living their age &amp; state of Health</b> | <b>No. of sister's dead, their ages at death &amp; cause of death</b> |
|---|---|---|---|
|   |   |   |   |

I declarer all the above answers to be the best of my belief, true and correct.

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

**(Candidate's Signature)**

**Signature of Medical Officer/Stamp**

The Candidates shall be held responsible for the accuracy of the above statement. Any willfully suppressing any information he will insure the risk of losing the appointment and, if appointed of forfeiting all claim to superannuation allowance of gratuity.