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