

Certificate of Physical Standards

Name of the Candidate :

Father's Name :

Height : ----- cm

Chest Measurement

i. On Full Inspiration :----- cm

ii. On Full Expiration :----- cm

iii. Difference (Expansion) : ----- cm

Signature of the Medical Officer

Name :

Designation:

Date: Seal :

Note: The Certificate should be obtained from a Medical Officer above the rank of an Assistant Surgeon appointed by the Government to a Government Medical Institution.