CERTIFICATE OF MEDICAL FITNESS (TO BE DEPOSITED A T THE TIME OF JOINING)

To be obtained only from Gazetted Government Medical officer/Medical Officer of a Government Undertaking. (Please note that in no other form this certificate will be accepted. Medical Certificates issued by private medical practitioners will not be accepted.)

	rs will not be accepted.)		oortificates
Name Talani shek	00.77		
(in Block Letters)		*******	
Father's Name : Talazi	mallaigh		1000
Blood group/Anemic (Blood Court)	(0+1	***************************************	
Height: 600 57	ochea		***************************************
Chest: UC Inches		1	***************************************
Heart and Lungs : 5,+1+	Broof Piston		
Vision : L:	- Linea		***************************************
Chest: UC Inches Heart and Lungs: St+1+ Vision: L: \$46 Colour Vision: * Nocoo			
rieding:	^ 1		*************************
Hernia/Hydrocele/Piles:			**************************
only other disease diagnosed in pact.	NIn	***************************************	***************************************
Allergies, if any			
Allergies, if any			
1	THE LOCAL DESIGNATION OF THE PERSON OF THE P		
1 -			
3			_
3Any other Remarks :NIL			A STATE OF THE PARTY OF THE PAR
I certify that I have carefully examined Mr.	Me Talan An		***************************************
and physical disease and in the	who has signed in	my process to	daughter of Mr.
project disease and is FII.	3.100	my presence. He/she	has no mental
Signature of the candidate			Section 1
		A Property of	F.
Station: Latanchem		Kiroson	
Date: 30/01/2024	Sign	ature of the Medical (Officer
22		with legible seal.	
		Dr. PATNAM GIRI	
		MD General Memoine Regd. No. 54253	
		CHARLES AND ADDRESS OF THE PARTY OF THE PART	

CIVIL SURGEON SPECIALIST Govt. Area Hospital. Zaheerabad