

**PRATHAMA BANK
HEAD OFFICE :: MORADABAD**

MEDICAL REPORT

APPLICANT'S NAME :

FATHER'S NAME :

ADDRESS :

NOTE TO APPLICANT :-

Please go through this report. Page no.2 of this report is to be filled up by the applicant and the page no.3 of this report must be filled up by a qualified Medical Practitioner (not less than MBBS or equivalent). The candidate must bear the expenses of this medical examination.

MEDICAL EXAMINER'S STATEMENT

(To be completed by Doctor)

Name:

Height :.....Cms.

Girth of chest expiration.....Cms

Weight :..... Kg.

Girth of chest on inspiration.....Cms

Girth of Chest on NormalCms

01. Do you after careful examination find any evidence of disease.
- (a) Of the brain or nervous system ?
- (b) Of the heart or lungs ?
- (c) Of the stomach or any of the abdominal organs. Is hernia present ? If so, is truss Work?
- (d) Of rheumatism or gout ?
- (e) Of colour blindness?Left Right.....
(State power of glasses)
- (f) Of perception of sound ?
- (g) Of the urinary and generative organs:
- (h) Does chemical examination of the urine show any abnormality ?
- (i) Is the tongue clean and the throat healthy?
- (j) Are there any special conditions such as Hernia, Varicose Veins, Piles, Fistulas, Skin disease, Leprosy Tubercular infection or Enlarged glands?
02. Is there any reason in your opinion for regarding the candidate as unsuited, physically or mentally, to undertake a post in the Bank, in this country?
03. Are you quite satisfied that he/she is a first class Insurance life?
04. Identification marks stated are verified 01.....
and found correct 02.....

Please state if the candidate has paid your fees for this examination/ report or has made to you arrangements satisfactory for effecting payment.

PAID..... MADE ARRANGEMENT.....
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NOTE : BANK DOES NOT TAKE ANY RESPONSIBILITY FOR THE PAYMENT OF THE FEES.
THE EXAMINEE HAS TO BEAR THE CHARGES.

DOCTOR'S NAME ;.....

REGISTRATION NO.:

DOCTOR'S SIGNATURE
WITH SEAL