

# ANNEXURE 'A'

## CANDIDATE'S STATEMENT & DECLARATION

The candidate must make the statement required below prior to his/her medical examination and must sign the declaration appended there to. His/Her attention be specially drawn to the warning contained in the note below:-

1. State your name in full (in full Block letters) .....
  2. State your age an birth place. ....
  3. Do you belong to races such as Gurkhas Garwali. Assamese Nagaland Tribal etc. whose average height is distinctly lower (answer 'Yes' or 'No' and if the answer is 'Yes' State the name of the race. ....
  4. Have you had small-pox intermittent any other fever, enlargement or suppuration of glands, spitting of blood, asthma or Heart diseases lung disease, fainting attacks, rheumatism. ....
- OR
- Any other disease or accident requiring confinement to bed and medical or surgical treatment? .....
- .....
- .....
5. When were you last vaccinated? .....
  6. Have you suffered from any from of nervousness due to over work or any other cause? .....
  7. Furnish the following particulars concerning your family :- .....

| Father's Age if living and state of health | Father's age at death and cause of death | No. of brother living their ages states of health |
|--|--|---|
| (1)  | (2)                                      | (3)   |

| No. of brothers dead, their ages at, and case of death | Mother's age if living, state of health | Mother's age at death and cause of death |
|--|---|--|
| (4)  | (5)                                     | (6)                                      |

| Number of Sisters their ages, and state of health | No. of sister dead, their ages at and causes of death |
|---|---|
| (7)   | (8)   |

8. Have you been examined by a medical Board before. ....
9. If answer to the above is 'Yes' Please state what service/services you were examined for? .....
10. Who was the examining authority? .....
11. When and where the medical Board was held? .....
12. Result of the medical Board's examination, if communicated to you or if known all the above answers are to the best of my belief, true and correct. ....

Candidate's Signature  
Signed in my presence  
Signed of Chairman of Board

**Note:-** The candidate will be responsible for the accuracy of the above statement. B. will fully suppressing any information he/she will incur the risk of losing the appointment, and if, appointed of forfeiting all to superannuation allowance or Gratuity.



- 8. Circulatory system :
  - a) Heart : any organic lesion? .....
  - b) Rate : Standing : ..... After hopping 25 times .....  
2 minutes after hopping .....
  - c) Blood Pressure : Systolic .....Diastolic .....
  
- 9. Abdomen : Girth .....Tenderness .....Hernia .....
  - a) Palpable : Liver ..... Spleen .....  
Kidneys ..... Tumors .....
  - b) Hemorrhoids ..... Fistula .....
  
- 10. Nervous system Indication of nervous or  
mental disabilities. ....
  
- 11. Locomotor system : Any abnormality .....
  
- 12. Genito-Urinary system : any evidence of hydrocele.  
Vericocele etc. ....

**Report of Urine analysis :**

- a) Physical appearance : .....
  - b) Sp. Gravity : .....
  - c) Albumen : .....
  - d) Sugar : .....
  - e) Casts : .....
  - f) Cells : .....
- 13. Report of Screening / X Ray examination of chest.
  - 14. If there is anything in the health of the candidate  
likely to render him/her unfit for efficient discharge  
of his/her duties in the service for which he/she is a  
candidate. ....
  - 15. Sate the service for which the candidate.  
Has been examined :  
(mention post and Department :) .....
  - 16. Is the candidate :
    - a) Fit? .....
    - b) Unfit on account of : .....
    - c) Temporarily unfit on account of : .....

Note : There is no classification like “Temporary Fit”.

Place :

Date :