

CANDIDATE'S STATEMENT AND DECLARATION

(The candidate must make the following statement and must sign the declaration below it before his/her medical examination. Attention is specially invited to the WARNING in the 'Note' at the bottom of page 2.)

1. Name in full: \_\_\_\_\_  
(in BLOCK letters)
2. Age & place of birth: \_\_\_\_\_
3. Have you ever had
  - a) small-pox, intermittent fever or  
and other fever, enlargement or  
suppuration of glands, spitting of  
blood, fainting attacks, rheumatism  
or appendicitis? \_\_\_\_\_  
\_\_\_\_\_
  - OR
  - b) any other disease or accident  
requiring confinement to bed and  
medical or surgical treatment? \_\_\_\_\_  
\_\_\_\_\_
4. When were you last vaccinated? \_\_\_\_\_
5. Have you or any of your relatives been  
afflicted by consumption, scrofula, gout  
asthma, fits, epilepsy or insanity ? \_\_\_\_\_  
\_\_\_\_\_
6. Have you suffered from any form of  
nervousness due to overwork or any  
other cause ? \_\_\_\_\_  
\_\_\_\_\_
7. Have you been examined and declared  
fit for Govt. service by a medical officer/  
Medical Board within the last three  
years? \_\_\_\_\_  
\_\_\_\_\_
8. Furnish the following particulars:

Father's age, if living, & state of health	Father's age at the time of death of cause of death	No. of brothers living, their ages and state of health	No. of brothers who have died, their ages at death and cause of death

<b>Mother's age, if living &amp; state of health</b>	<b>Mother's age at the time of death and cause of death</b>	<b>No. of sisters living, their ages and state of health</b>	<b>No. of sisters who have died, their ages at death and cause of death</b>

**DECLARATION**

I declare that all the above answers are true and correct to the best of my knowledge and belief. I also solemnly affirm that I have/ have not\* received any disability certificate/ pension\* on account of any disease or other condition.

(\*strike out whichever is not applicable)

Date: \_\_\_\_\_

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Candidate's Signature

Signed in my presence

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Signature of Medical Officer

Name :  
& Designation:  
(with stamp)

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**Note: The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information he will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to superannuation allowance or gratuity.**

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(Please take print on the back of the same piece of paper on which page 1 is printed)