

Rank-.....

**CGL Exam-2023**

**Form of Medical Certificate**

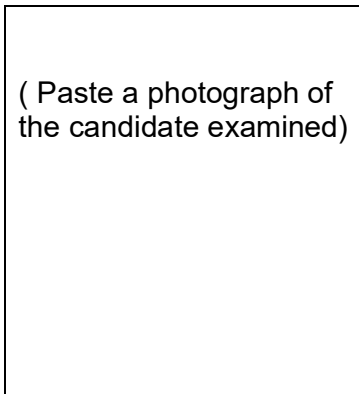
I hereby certify that I have examined Shri/ Smt./ Kum. ....  
..... a candidate for employment in the Subordinate  
Statistical Service (SSS) in the Government of India and cannot discover that she/  
he has any disease (communicable or otherwise), constitutional weakness or bodily  
infirmity, except .....  
I do not consider this a disqualification for employment in the Subordinate Statistical  
Service (SSS) in the Government of India.

The age of Shri/ Smt./ Kum. ....  
according to her/his own statement is ..... years, and by appearance is  
about ..... years.

.....  
(Signature/ Thumb Impression of the candidate)

Date .....

(To be signed in presence of the examining Medical Officer)



.....  
Signature of Medical Officer

Name .....

Address .....

.....  
.....

Office Seal

(Seal should be spread over form and the photograph)

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**Note: The Officer making this Certificate should be a Civil Surgeon or a District  
Medical Officer of equivalent status of a Government Hospital.**