



I DO HEREBY CERTIFY THAT I HAVE EXAMINED SRI/SMT I.

— — — — — A CANDIDATE
FOR EMPLOYMENT /CONFIRMATION IN THE POST OF — — — —
AND COULD NOT DISCOVER THAT HE/SHE HAS ANY DISEASES (COMMUNICABLE OR
OTHERWISE) CONSTITUTIONAL WEAKNESS OR BODILY INFIRMITY EXCEPT

I DO NOT CONSIDER THIS A DISQUALIFICATION FOR EMPLOYMENT/
CONFIRMATION IN THE POST — — — — — HIS/HER AGE
ACCORDING TO HIS OWN STATEMENT — — — — — YEARS
AND BY APPEARANCE ABOUT — — — — — YEARS.

SIGNATURE OF THE APPLICANT

SIGNATURE