



**MEDICAL TEST REPORT**

1. Name of the Candidate : .....
2. Father's Name : .....
3. Category and Merit Serial (Gen/SC/ST/BC/RCG/SMQ) : .....
4. Date of Birth : ...../...../.....
5. Mark of Identification : (i) .....  
(ii) .....
6. Chest : Normal ..... Expanded .....
7. Height : .....
8. Weight : .....
9. Heart : .....
10. Vision without Glass : Rt. .... Lt. ....
11. With Glass : Rt. .... Lt. ....
12. Eye disease if any : .....
13. Color Blindness : .....
14. Candidate is Fit/Unfit : .....

**PHOTO**

**Signature of the Candidate:**

**Hindi :** .....

**English:** .....

**L.T.I.**



**Attested Signature**

**Signature  
Asst. Civil Surgeon  
Reg. No. and Seal**