

CERTIFICATE OF PHYSICAL FITNESS

Name, Rank and Medical Qualifications
of an Officer Granting the Certificate with
Register Number.

I do hereby certify that I have examined (full name_____) a
candidate for employment under the Transmission Corporation of Telangana Limited, in the Accounts
service as _____ and cannot discover that he/she has any disease,
constitutional affection or bodily infirmity except that his weight is in excess or below the standard
prescribed, or except I do/do not consider this a disqualification for the employment he/she seeks.

I do further certify that in my opinion his/her general physical condition is such as to enable
him/her to perform efficiently the active duties of executive service.

I also certify that he/she has marks of Small Pox/Vaccination.

Chest Measurement in centimeters in full inspiration/on full expiration/difference (Expansion).

Weight (in kgs)	Height	Meters	Centimeters.
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His/Her Vision Is Normal			
Hypermetropic ()

(Here enter the degree of defect and the strength of correction of glasses).

Myopic ()
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(Here enter the degree of defect and the strength of correction of glasses).

Astigmatic (simple or mixed)()
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(Here enter the degree of defect and the strength of correction of glasses).

Hearing is normal/defective (Much or slight).

Urine-Does chemical examination show(1) albumen, (2) Sugar, if so state specific gravity.

Personal Marks (atleast two should be mentioned)

i)

ii)

Signature
Rank/Qualification:
Designation:

Station:
Date:

The candidate must make the statement required below prior to his/her medical examination and must sign the declaration, appended thereto. His/Her attention is specially directed to the warning contained in the note below.

- 1. State your name in full:
- 2. State your age and birth place:
- 3. a) Have you ever had small pox, intermittent or any other fever, enlargement or suppuration of glands splitting of blood, asthma, inflammation of lungs, heart disease, fainting attacks, rheumatism, appendicitis?

OR

- b) Any other disease or accident requiring confinement to bed and medical or surgical treatments?
- c) Suffered from any illness, wound or injuries sustained while on active services during the war.
- 4. When were you last vaccinated?
- 5. Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or insanity?
- 6. Have you suffered from any form of nervousness due to over work or any other cause?
- 7. Have you been examined and declared unfit for Government or TSTRANSCO service by any Medical Officer/Medical board within the last three years?
(To be filled in only in the case of candidate under Class-III and Class-IV of any service under TSTRANSCO)
- 8. Furnish the following particulars concerning your family.

Father's age if living and state of health	Father's age at death & cause of death	No. of brothers living, their ages & State of health	No. of brothers dead, their ages and cause of death.

Mother's age if living and state of health	Mother's age at death & cause of death	No. of sisters living, their ages & State of health	No. of sisters dead, their ages and cause of death.

I declare that all the above answers are true and correct to the best of my knowledge.

CANDIDATE'S SIGNATURE

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