

Kalyan Singh Super Specialty Cancer Institute

कल्याण सिंह अति विशिष्ट कैंसर संस्थान

C.G. City, Sultanpur Road, Lucknow-226002

सी0जी0 सिटी, सुल्तानपुर रोड, लखनऊ-226002

(An Autonomous Institute of the Govt. of Uttar Pradesh)

(उत्तर प्रदेश सरकार का स्वायत्तशासी संस्थान)

Email: executiveregistrar.ksssci@gmail.com

Declaration by the candidate

I hereby declare that I am not suffering from any disease including bodily deformity, infectious disease, chronic illness such as hypertension, diabetes etc. I also declare that I have not been considered medically unfit by any medical authority in the past.

OR

I declare that I have been suffering fromfor the last years.

(If not suffering from any illness, state 'no illness'. This portion cannot be left blank. Suppression of information about past illness will invite suitable disciplinary action)

Name _____ Signature _____

Designation _____ Dept / Specialty _____ Dated _____

MEDICAL EXAMINATION

Height (cm) Weight (Kg).....
Apparent age (years) Pulse (/min) BP..... (mmHg)
JVP Edema feet Varicose veins
CVS Chest CNS
Abd Genitalia Hernia/hydrocele

Gynaecological assessment: Married / single Children
LMP P/A P/V

Ophthalmic assessment: **Without Glasses** **With Glasses**
Acuity of vision L L
R R
Colour vision L L
R R

Investigations:

Urine: Albumin Sugar M/E.....
Chest X-Ray..... PA.....

MEDICAL FITNESS CERTIFICATE FOR GOVERNMENT SERVICES

I do hereby certify that I have personally examined Mr./Mrs/Ms.
.....S/o/D/o.....resident of as a
candidate for employment/confirmation in **Kalyan Singh Super Specialty Cancer Institute,
Lucknow** on the position of and have not
discovered that he / she has any disease communicable or otherwise, constitutional weakness
or bodily infirmity except.....(Name or nature of illness /
infirmity / disability).

I consider the person FIT / UNFIT for employment/confirmation in **Kalyan Singh
Super Specialty Cancer Institute, Lucknow** as

The candidate's age according to his/her statement is years and by
appearance isyears.

(Signature of Candidate)

Name & Signature Government Medical officer
(With Stamp)

Place.....

Date.....