

Annexure-1
CERTIFICATE OF MEDICAL FITNESS
(TO BE DEPOSITED AT THE TIME OF JOINING)

To be obtained from a Registered Medical Practitioner not below the rank of M.B.B.S.
(Please note that in no other form this certificate will be accepted.)

Name.....
(in Block Letters)
Father's Name.....
Blood Group.....
Mark of Identification:

Height:..... Weight:

Chest:

Heart & Lungs:

Vision: L: R:

Hearing:

Suffering from any Communicable disease.....

Any other disease diagnosed in past:

Allergies, if any.....

List of prescribed medications, if any:

1.
2.
3.

Any Other Remarks:

Based on the examination, I certify that he/she is in good mental and physical health and is free from any disease, communicable or otherwise , constitutional weakness or bodily infirmity except.....
....., which cannot be considered as a reason for disqualification for his/her employment in Oriental Bank of Commerce.

His/her age is.....years.....months according to his/her own statement and by appearance about.....years.....months.

Signature of Candidate

Station:

Date:

Doctor's Signature
with legible seal