

GOVERNMENT OF BIHAR
DEPARTMENT OF SCIENCE AND TECHNOLOGY
(GOVT. POLYTECHNIC BUXAR- 802123)

FORM FOR MEDICAL EXAMINATION

Space for
Photograph
Must be Self
Attested

- (01) Merit Serial No- Original Category-
- (02) Name of Candidate-
- (03) Father's Name-
- (04) Mother's Name-
- (05) Date Of Birth- Day- Month- Year-
- (06) Sex-
- (07) Permanent Address-
- Pin Code-
- (08) Correspondence Address-
- Pin Code-
- (09) Height (in cm)- :..... Weight (in kg)-
- (10) Chest- (a) Expanded- cm (b) Normal- cm
- (11) Complexion-
- (12) Eye Sight (a) without spectacles- L R
- (b) with spectacles- L R
- (13) Two visible marks of identification-
- (a).....
- (b).....
- (14) Weather suffering from any disease/abnormality-
- (15) Remarks- Sri/Smt./Miss. has been examined and found medically **FIT/UNFIT**

Signature of candidate

In Hindi.....

In English.....

(Must be done in front of Medical Officer)

Thumb impression of candidate

(Must be done in front of Medical Officer)

Signature of Medical Officer

Regd. No.....

Stamp