

Medical Report

Name: _____

Age: _____

Sex: _____

Father's Name: _____

Height: _____

Weight (in Kg.): _____

Chest Measurement

Normal (in cm): _____

After Respiration (in cm): _____

VISION

Right Eye

Left Eye

History of past illness: _____

Mental Health: _____

Identification Mark: _____

**Examined by me and found free from constitutional, physical and mental abnormality and fit
for Industrial Training.**

Remarks: _____

Date: _____

Signature of Medical Officer *with Seal*

Full name (In block letter): _____

Registration No: _____

Address: _____

Signature of the Candidate