

THE NAINITAL BANK LIMITED
(Regd. Office: G.B.Pant Road, Nainital)

MEDICAL EXAMINATION CERTIFICATE

DATE.....

FULL NAME:

ADDRESS:

Age: Years Months

Height: Weight

COMPLAINT

.....
.....
.....

PAST AND FAMILY HISTORY

.....
.....
.....
.....

Throat Eyes..... Vision- L R

Temperature Tongue Joints

Pulse Teeth Glands

Resp Hearing Colour Vision

Heart Lungs Chest.....

Blood Group/ Anemic/ Blood Count

Respiratory System

Circulatory System

Nervous System

Genito Urinary System

Remarks – Whether fit for duties in Bank's Service:

Signature of Applicant
Attested

Signature of the Doctor
Seal

Signature of Medical Superintendent / Chief Medical Officer
Seal

THE NAINITAL BANK LIMITED
(Regd. Office: G.B.Pant Road, Nainital)

DATE.....

MEDICAL EXAMINATION DECLARATION TO BE MADE BY THE CANDIDATE

Full Name : _____

Whether parents are alive? : _____

Were you hospitalized for any major ailment
in the past ten years? If yes, please give details. : _____

Have you ever undergone any surgery?
If yes, please give details. : _____

In the past have you suffered from TB, Cancer,
Heart Ailment, Epilepsy? : _____

Are you suffering from TB, Diabetes Mellitus,
Cancer, Heart Ailment, Hypertension, Bronchial
Asthma, Epilepsy or any other ailment? : _____

Are you pregnant? If so, mention date of
LMP (for females only). : _____

Signature of Candidate

Please note that your service is liable to be terminated in the event of the above information
given by you being incorrect at any future date.

Height Weight BP

DOCTOR'S REMARK:

WHETHER FIT FOR DUTIES IN BANK'S SERVICE:

Signature of the Doctor
Seal