

GOVT. OF BIHAR

DEPT. OF SCIENCE AND TECHNOLOGY

GOVT. POLYTECHNIC, Darbhanga

FORM FOR MEDICAL EXAMINATION

1. Merit Serial No. .... Category.....
2. Name of Candidate.....
3. Father's Name.....
4. Permanent Address.....  
.....
5. Sex.....
6. Date of Birth: Day..... Month..... Year 20...
7. Height in cm.....
8. Weight in Kg.....
9. Chest : (a) Expanded.....cm (b)Normal.....cm
10. Eye Sight (a) Without Spectacles :- L R  
(b) With Spectacles:- L R
11. Complexion.....
12. Two Visible marks of identification:-  
(a) .....  
(b) .....
13. Whether Suffering from any Disease/abnormality:-  
.....
14. Remarks :- Sri/Smt/Kr.....has been examined and found medically



FIT/UNFIT.

Signature of candidate

(in Hindi).....

(in English).....

LEFT Thumb Impression of Candidate



Signature of Medical Officer

Regd. No.....

Seal.....