

**OFFICE OF THE DEPUTY COMMISSIONER OF POLICE : RECRUITMENT CELL,
NEW POLICE LINES, KINGSWAY CAMP, DELHI-110009**

Roll No.....

Date of Medical

CANDIDATE'S STATEMENT AND DECLARATION

The candidate must make the statement required below prior to his/her medical examination and must sign the declaration appended thereto. His/her attention is specially directed to the warning contained in the Note below:

1. Name in full (in block letters).....

2. Father's Name.....

3. Date and Place of birth.....

.....

4. (a) Have you ever had smallpox, intermittent of any other fever, enlargement or suppuration of glands. Spitting of blood, asthma, heart disease, Lung disease, fainting attacks, rheumatism appendicitis?.....

or

(b) any other disease or accident requiring confinement to bed and medical or surgical/treatment?.....

5. When were you last vaccinated?.....

6. Have you or any your near relations been affected with consumption, scrofula, gout, asthma, fits, epilepsy or insanity?.....

7. Have you suffered from any of nervousness due to over work or any other cause?

8. Have you been examined and declared unfit for Govt. service by a medical officer/medical board, with in the last three years?.....

9. Furnish the following particulars concerning your family:-

Father's age if living & state of health	Father's age at death and cause of death	No. of brothers living their ages and state of health	No. of brothers dead their ages at death and cause of death
1	2	3	4

Passport Size Photo
un-attested
be-pasted
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Mother's age if living and state of health	Mother's age at death and cause of death	No. of Sisters living their ages and state of health	No. of Sisters dead their ages at death and cause of death
5	6	7	8

I declare that all the above answers to the best of my belief are true and correct.

I also solemnly affirm that I have not received disability certificate/pension on account of any disease or other condition.

NOTE:- The candidates shall be held responsible for the accuracy of the above Statement by willfully suppressing any information, he/she will risk of losing the appointment and if appointed, forfeiting all claim to superannuation allowance or gratuity.

Signature :

Roll No. :

Name :

Father's Name :

Address :

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FORM 'D' FORM OF MEDICAL EXAMINATION

1. General development. Good.....Fair.....Poor.....
2. Nutrition.....Thin.....Average.....Obsessed.....
3. Weight.....When ?.....
4. Any recent change in weight.....Temperature.....
5. Skin: any lobvious disease
6. Eyes:-
 - (i) Any disease
 - (ii) Night Blindness

- (iii) Defect in colour vision
- (iv) Field of vision
- (v) Fundus examination

Acuity of vision	Naked eye	With glasses	Strength of glasses		
			Sp.	Cyl.	Axis
Distant Vision : R.E. L.E.					
Near Vision : R.E. L.E.					

07. Ears
Inspection.....Hearing. Right Ear.....Left Ear.....
08. Speech
Normal Speech.....Speech Disorder.....
09. GlandsThyroid.....
10. Condition of Teeth
11. Circulatory system:
- (a) Heart Any organic lesions?
Rate standing
After hopping 25 times.....
After hopping for 2 minutes.....
- (b) Blood pressure: Systolic.....
Diastolic.....
12. Abdomen
Girth.....Tenderness.....Hernia.....
- (a) Palpable: Liver.....Spleen.....
Kidneys.....Tumor.....
- (b) Hemorrhoids.....Fistula.....

13. Nervous system:
Indication of nervous or mental disabilities
14. Loco motor system: any abnormality.....
15. Urinary system:
Any evidence of hydrocele, varicocele, etc.....
16. Urine examination:
a) Physical appearance.....
b) Sp. Gr.....
c) Albumin.....
d) Sugar.....
e) Castro.....
f) Cells.....
17. Reports of screening/X-Ray
Examination of chest
18. If there is any thing in the health of candidate likely to render him/her unfit for the efficient discharge of his/her duties in the service for which he/she is a candidate.
19. i) Fit Medical certificate in duplicate enclosed.....
ii) Unfit on account of
iii) Temp. Unfit on account of

Signature.....

Designation of the medical officer
Office seal

Date.....

FORM 'E'

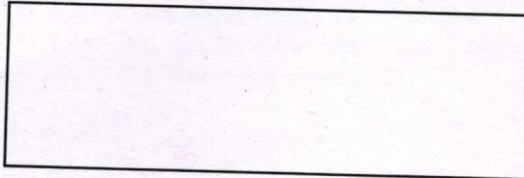
Roll No.

MEDICAL CERTIFICATE FOR APPOINTMENT

Police Department.....

District.....

Signature of Candidate in front of Medical Board :



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I do here by certify that I have examined Sh./Ms.
S/o, D/o Sh a candidate for employment in the police department
and can not discover that he has any disease. Constitutional infection, bodily infirmity, except
.....

I do/don't consider this a disqualification for employment in the office.....

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

Signature

Chief Surgeon/Medical Officer

Designation of the Medical Officer
Office seal

Date.....

NOTE :- When an officer is transferred from one office to another, the duties of which are different in character. Commissioned Medical Officer, or Medical Officer-in-charge of a civil station should report whether the defect if any exists. will materially interfere with the discharge of his new duties by the Officer. transferred (prescribed by fundamental Rule 10).

I declare that I have never been pronounced unfit for Govt. employment by a medical Board or any other duly constituted medical authority.

Date.....

Signature of candidate