

CANDIDATE'S STATEMENT AND DECLARATION

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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 at the end of page 2.

1	Name in full(in capital letters)			
2	State your age & place of birth			
3(a).	Have you ever had Small Pox intermittent or any other fever, enlargement of glands, spitting of blood, asthma, heart diseases, lung disease, and appendicitis?			
(b).	Any other disease or accident required confinement to bed and medical or surgical treatment			
4	When were you last vaccinated			
5	Have you or any of your near relative been afflicted with consumption, scrofula, gout, asthma, fits epilepsy or insanity?			
6	Have you suffered from any form of nervousness due to overwork or any other cause?			
7	Have you been examined & declared unfit for Government service by Medical Officer/Medical Board, within the last 3 years?			
8	Furnish the following particulars concerning your family :			
	Father's age if living & state of health	Father's age at death & cause of death	No. of brothers living their ages, & state of health	No. of brothers dead, their ages at death & cause of death

Mother's age if living & state of health	Mother's age at death & cause of death	No. of sisters living their ages, & state of health	No. of sisters dead, their ages at death & cause of death

I declare all the answers given on the reverse to be, to the best of my belief and knowledge correct and true.

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

Candidate's signature

Candidate's signature

(In presence of Medical Officer)

Signature of Medical Superintendent/
Civil Surgeon/ Chief Medical Officer

Note:- The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information he will incur the risk of losing the appointment, and if appointed, of forfeiting any claim to superannuation allowance or gratuity.

CERTIFICATE

I hereby certify that I have examined
Shri/Smt/Miss _____ a candidate for employment in the
Income-Tax Department and cannot discover that he/she has any disease (communicable or
otherwise) constitutional weakness or bodily infirmity
except _____

I do not consider this a disqualification for appointment in the office of the Addl.
Commissioner of Income-Tax (HQ) Personnel, Mumbai. Her/His age according to his/her own
statement is _____ Years and by appearance about _____ Years.

Marks of identification:-

1. _____

2. _____

Signature of Medical Superintendent/
Civil Surgeon/ Chief Medical Officer

Name

Regd. No.

Degree

Address

Signature of the candidate inside the box

THIS FORM SHOULD BE FILLED IN BY BALL PEN BY THE DOCTOR