CENTRAL BANK OF INDIA

MEDICAL REPORT

Affix Passport size recent photograph Duly attested by the candidate

Name _____ _

Age _____ **Date of Birth** _____**Sex:** _____

Father/Husband's Name: _____

Selected for the post of:_____ **Roll No. (IBPS)**_____

Identification Marks

_____

Family Medical History:

Personal Medical History: -

PHYSICAL EXAMINATION: **URINE EXAMINATION:**

Height **Weight**

THROT **BLOOD REPORT:**

Tonsils
Teeth & Gums

C. V. S. : **Screening & X-ray if necessary**

Pulse Rate **B. P.**

Heart Sound **Respiratory System**

C. N. S.

Reflexes **Pupil Reaction**

Eyesight

_____

We hereby declare that the above person is medically fit to join the Bank Service.

Remarks if any:

DATE: **SIGNATURE OF DOCTOR**
REGISTRATION NO.

PLACE: **SEAL**