

MEDICAL REPORT

(To be certified by a doctor/hospital on the panel of the Indian Mission, UN Mission, if any or as designated by Indian Mission)

(i) Name of Applicant:
(ii) Age:
(iii) Sex: (Male / Female)
(iv) Height (cm):
(v) Weight (kg):
(vi) Blood Group:
(vii) Blood Pressure:

(i) Name of Applicant:	
1. Is the person examined in good health at present?	
2. Is the person examined physically and mentally to carry out intensive training away from home?	
3. Is the person free of infectious diseases (HIV/AIDS, tuberculosis, trachoma, skin diseases etc), Yellow Fever certificate (in case of people coming from that region or as laid out in WHO regulations)?	

4. Does the person examined have any medical condition or defect which might require treatment during the course?	
5. List of any observed abnormalities indicated in the chest X ray.	

I certify that the applicant is medically fit to undertake a training course in India.

Name of Doctor/Physician: _____

Registration No.: _____

Address of Clinic / Hospital _____

City/Town): _____

Telephone: _____

E-mail: _____ Date: _____

Signature of Doctor/Physician _____ Seal of Clinic/Hospital: _____

IMPORTANT NOTICE

- Please read the form carefully. The application will be automatically rejected if any column is inaccurate, incomplete or blank.
- Declaration by the candidate and the recommendations from employer, if any, are compulsory pre-requisites.
- Working knowledge of the English language is a pre-requisite. For English language and language related courses, basic knowledge of English is required.
- Candidates who leave the course midway for personal reasons without prior permission of the Ministry of Home Affairs or remain absent from the programme without sufficient reasons are expected to refund the cost of training and airfare to Government of India.
- Female candidates are hereby advised that they should not travel to India to attend the Course applied for in case they are in family way.