

Station
Date

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

1. State your name in full
2. State your age and birth place
3. a) Have you ever had small – pox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, heart disease, fainting attacks, rheumatism, appendicitis?

OR

- b) Any other disease requiring confinement to bed and medical or surgical treatment ?
4. When were you last vaccinated
5. Have you or any of near relation been afflicted with consumption, nerofula gout, asthma, fits, epilepsy or inanity?
6. Have you suffered from any form of nervousness due to over work or any other cause ?

7.

Father's age, if living and state of health	Father's age at death and cause of death	Number of brothers living, their ages and state of health	Number of brothers dead, their ages at and causes of death.
1	2	3	4

Mother's age, if living and state of health	Mother's age at death and cause of death	Number of sisters living, their ages and state of health	Number of sisters dead, their ages at and causes of death.
1	2	3	4

I declared all the above answers to be to the best of my belief true and correct

Candidate's Signature

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