



MEDICAL CERTIFICATE

Official's Name : _____

Father Name : _____

Religion : _____

Residence : _____

Date of Birth : _____

Mark of Identification : _____

Official Signature : _____

Signature of Deptt: Incharge: _____

Seal of Deptt: Incharge: _____

I do hereby certify that I have examined Mr./Ms. _____ candidate for employment in the office of the **GKMC/BKMC-MTI, Swabi** and cannot discover that he has any disease communicable or other constitutional infection or bodily infirmity except

I do not consider this as disqualification for employment in the office of the above as _____ His age according to his own statement is _____ and by appearance about (_____) years.

MEDICAL OFFICER / MEDICAL OPD
MTI-GKMC/BKMC, Swabi

Fingers impressions.

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[Handwritten Signature]
 Manager Human Resource
 MTI-GKMC/BKMC Swabi
MANAGER HUMAN RESOURCE
MTI GKMC / BKMC

Issued by: _____