

# TAMIL NADU GENERATION AND DISTRIBUTION CORPORATION LTD.

## CERTIFICATE OF PHYSICAL FITNESS ( FOR POSTS IN CLASS II SERVICE )

( This form is to be used by every candidate who is required by the TANGEDCO is produce a certificate of physical fitness. It must be signed by a Commissioned Medical Officer or a Civil Medical Officer of rank not lower than that of Civil Surgeon or a District Medical Officer employed under the Government of Tamil Nadu.)

Note - A candidate who resides outside Tamil Nadu and who is unable to produce the certificate from a Medical Officer employed in Tamil Nadu may produce it from a Medical Officer of corresponding rank outside Tamil Nadu. Such Certificate should contain the following particulars:-

- i) The State under which the Medical Officer is employed and the name of the institution in which he is employed and his rank.
- ii) Register Number of the certifying Medical Officer in the Register in which his name has been registered.
- iii) The Official stamp or seal of the institution in which the certify Medical Officer is employed. The Certificate so produced will be subject to acceptance after scrutiny by the Director of Medical Service, Tamil Nadu.

### Name and rank of Officer granting the Certificate :

I do hereby certify that I have examined ( Full Name )..... a candidate for employment under the TANGEDCO in the..... Service as..... and cannot discover that he/she has any disease communicable or otherwise, constitutional affection or bodily infirmity except that his/her weight is (in excess of / below) the standard prescribed or except..... I do / do not consider this a disqualification for the employment he seeks.

I do further certify that in my opinion his/her general physical condition is such as to enable him/her to perform efficiently the active duties of executive services.

His/Her age is according to his/her own statement..... years and by appearance about.....years.

I also certify that he/she has marks of small pox / vaccination.

• Chest measurement in cms. { On full inspiration  
 { On full expiration  
 { Difference ( expansion)

Height.....Cms.....BLOOD PRESSURE:-  
 SYSTOLIC: DIASTOLIC

Weight in Kgs.....

His / her Vision is normal.

Hypermetropic(.....)

( Here enter the degree of defect and the strength of correction glasses.)

Myopic (.....)

( Here enter the degree of defect and the strength of correction glasses.)

Astigmatic (Simple or mixed.) (.....)

( Here enter the degree of defect and the strength of correction glasses.)

Hearing is normal / defective ( much or slight) :

Urine - Does Chemical examination show (i) albumen, (ii) sugar .  
State specific gravity.

Personal marks ( at least two should be mentioned .)

1

2

Station : SIGNATURE

Dated : RANK

DESIGNATION

**CANDIDATE'S STATEMENT AND DECLARATION**

The candidate must make the statement required below prior to his/her 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 ( In Block Letters) :

2 State your age and place of birth :

3 a) Have you ever had small pox, intermittent  
or any other fever, enlargement or suppuration  
of glands, spitting of blood, asthma, heart  
disease, lung diseases, fainting attacks,  
rheumatism, appendicitis? :

(or)

b) any other disease or accident requiring  
confinement to bed and medical or surgical  
treatment? :

(or)

c) suffered from any illness, wound or injuries  
sustained while on active service during the  
war of 1939-1946? :

- 4 When were you last vaccinated? :
- 5 Have you or any of your near relations been affected with consumption, scrofula , gout, asthma, fits , epilepsy or insanity? :
- 6 Have you suffered from any form of nervousness due to over work or any other cause? :
- 7 Have you been examined and declared unfit for Government service by a Medical Officer/ Medical Board, within the last three years? :
- 8 Furnish the following particulars concerning your family. :

Father's age if living and state of health	Father's age at death and cause of death	Number of brothers living, their age and state of health	Number of brothers dead, their ages and cause of death	Mother's age if living and state of health	Mother's age at death and cause of death	No. of sisters living, their ages and state of health	No. of sisters dead their ages and cause of death

1. I declare all the above answers to be, to the best of my belief, true and correct.

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

Signed in my presence.

Signature of Medical Officer

Candidate's Signature

**ANNEXURE**

1. Distant vision without glasses ( each eye separately).
2. Distant vision with glasses ( each eye separately.)
3. The amount of hypermetropia myopia or astigmatic defect and strength of correction glasses used.
4. Near vision ( each eye separately.)
5. Whether suffering from squint or any morbid condition of the eyes or of eye-lids ( Trachoma-like) or either eye.
6. Each eye, field of vision.
7. Each eye Colour vision.
8. Each eye , fundus appearance.
9. Standard of vision.
10. Having regard to his / her vision whether.....  
..... ( Name of  
candidate to be specified is or is not fit for appointment as.....)  
.....(Post to be specified. )