

Trade Applied For: \_\_\_\_\_

Personal details to be filled be filled by the Candidate (PLEASE USE BLOCK LETTERS)

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Marks of Identification: \_\_\_\_\_

Any significant Medical History hospitalization, surgery, injuries, seizure disorder etc. if yes details:  
\_\_\_\_\_  
\_\_\_\_\_

Personal Habits -Smoking/Tobacco/Alcohol if yes  
Specify: \_\_\_\_\_

Signature of candidate

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Clinical Examination and Investigations to be filled by General Practitioner (MBBS)/ physician (MD) of Government/ Municipal Hospital

Weight: \_\_\_\_\_

Pulse: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Respiratory system: \_\_\_\_\_

Heart sounds: \_\_\_\_\_

Skin Examination: \_\_\_\_\_

Vision Acquity test – Normal/ Abnormal

Complete Blood Count: \_\_\_\_\_

Urine R&M: \_\_\_\_\_

Any other findings: \_\_\_\_\_

It is certified that \_\_\_\_\_ is fit/unfit ( ✓ whichever is applicable) to join as Trade Apprentice 2020 at RCF Ltd.

Signature and stamp of the Doctor.	Address of the Government / Municipal.	Registration NO. of the Doctor