

FORM NO. 4
Vide, Sub-rule (1) of rule 10.

**Medical certificate of health of a candidate for entry into service of Water
Development Board.**

I hereby certify that I have examined Mr./Mrs./Miss
.....,a candidate for employment to the post of ..
..... and cannot discover that Mr. /Mrs. / Miss
..... has any disease, constitutional
weakness or bodily infirmity except I do not consider
this is a disqualification fo employment to the post of
..... His/Her age is, according to own statement
..... Years, and by appearance about Years.

Place

Signature of medical officer

Date

Designation