

Rank-.....

**CGL Exam-2024**

**Form of Medical Certificate**

I hereby certify that I have examined Shri/ Smt./ Kum. ....  
..... a candidate for employment in the Subordinate  
Statistical Service (SSS) in the Government of India and cannot discover that she/  
he has any disease (communicable or otherwise), constitutional weakness or bodily  
infirmity, except .....  
I do not consider this a disqualification for employment in the Subordinate Statistical  
Service (SSS) in the Government of India.

The age of Shri/ Smt./ Kum. ....  
according to her/his own statement is.....years, and by appearance is  
about.....years.

.....  
(Signature/ Thumb Impression of the candidate)

Date .....

(To be signed in presence of the examining Medical Officer)

( Paste a photograph of  
the candidate examined)

.....  
Signature of Medical Officer

Name .....

Address .....  
.....  
.....

Office Seal

(Seal should be spread over form and the photograph)

---

**Note: The Officer making this Certificate should be a Civil Surgeon or a District  
Medical Officer of equivalent status of a Government Hospital.**