

**FORMAT OF MEDICAL CERTIFICATE TO BE SUBMITTED BY THE CANDIDATES WHILE APPLYING FOR
REMEDICAL EXAMINATION**

Authority : Railway Board letter No.2014/H/5/8(Policy) dated. 07.07.2017

Name of the Candidate :

Age/Gender :

**Passport size photograph
of the candidate**

**Photograph to be attested by
Govt/Pvt. Medical Officer of
concerned speciality/specialities**

Candidate for the post of : _____

Medical category : _____

Roll No. of the candidate : _____

Registration of the candidate : _____

Identification marks attested by certifying medical officer 1.

2.

Signature of the candidate:

I am fully aware of Physical and visual standards set by the railway for the particular medical category and that I am aware of the fact that candidate has already been declared unfit according to these standards during medical examination conducted by an appropriate medical board comprising of three senior railway doctors appointed by the government in this regard.

EXAMINATION FINDINGS:

Name of the Doctor: _____

Signature of the doctor of concerned
Speciality with Seal

MCI/State Registration No. _____

Date of Medical examination:

Place :