



Apprentice 2026-27 Medical Examination form

Area of Training applied for: _____

Personal details to 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 Acuity test – Normal/ Abnormal

Complete Blood Count: _____

Urine R&M: _____

Any other findings: _____

It is certified that Mr./ Ms. _____ is fit/unfit (whichever is applicable) to join as Apprentice 2026-27 at RCF Ltd.

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