

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

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 2024 at RCF Ltd.

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