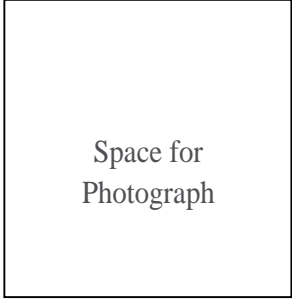


**GOVT. OF BIHAR**  
**DEPT. OF SCIENCE AND TECHNOLOGY**  
**KAMESHWAR NARAYAN SINGH GOVT. POLYTECHNIC,**  
**KISHANPUR, TABHKA, SAMASTIPUR**

**FORM FOR MEDICAL EXAMINATION**

1. Merit Serial No. .... Category .....
2. Name of Candidate .....
3. Father's Name .....
4. Permanent Address .....
5. Sex .....
6. Date of Birth: Day ..... Month ..... Year 20.....
7. Height in cm .....
8. Weight in Kg .....
9. Chest: (a) Expanded ..... cm (b) Normal ..... Cm
10. Eye Sight (a) Without Spectacles :-  
L R  
L R
11. Complexion .....
12. Two Visible marks of identification:-  
(a) .....  
(b) .....
13. Whether suffering from any Disease/abnormality:-  
.....
14. Remarks:- Sri/Smt/Kr ..... has been examined and found medically  
FIT/UNFIT.



Signature of candidate

(in Hindi) .....

(in English) .....

LEFT Thumb impression of Candidate



Signature of Medical Officer

Regd. No .....

Seal .....