

// FORM OF MEDICAL CERTIFICATE ON FIRST APPOINTMENT //

(See Rule-50 of Orissa Service Code)

I certify that I have examined Sri / Miss.,
S/o/D/o-.....At-.....,
PO-, PS-.....,
Dist-.....Odisha, a candidate for employment
in Law Department (Judicial)/ Office of
and cannot discover that he has any disease, constitutional weakness or
bodily infirmity, except I do not / do' consider this a
disqualification for employment in the Law Department (Judicial) / Office
of His/ her age
according to his/her own statement is years and by appearance
is about years.

Place:

(Signature with Seal of the
Medical Officer)

Date:

(Not below the rank of Asst. Surgeon)

(Signature of the Candidate)

Attested by

(Signature with Seal of the
Medical Officer)

(Not below the rank of Asst. Surgeon)