

MEDICAL CERTIFICATE

This is to certify that I have carefully examined Mr. /Ms. _____
_____ Son/ daughter of _____, address
_____,
whose signature is given below.

Based on the examination, I certify that he/ she is in good mental and physical health and is free from any disease, communicable or otherwise, constitutional weakness or bodily infirmity except _____, which cannot be considered as a reason for disqualification for his/ her employment in UCO Bank as Probationary Officer.

His/ Her age is _____years _____months according to his/her own Statement and by appearance about _____years _____months.

Blood Group:

Mark of Identification:

Candidate's Signature

Date:

Doctor's Signature

(SEAL WITH REGISTRATION NUMBER)

(Civil/Presidency Surgeon at District Hospital or by Bank's Medical Officer)