

**INDIAN SPACE RESEARCH ORGANISATION****SATISH DHAWAN SPACE CENTRE****SRIHARIKOTA****PRELIMINARY MEDICAL FITNESS FOR RECRUITMENT OF FIRE SERVICE PERSONNEL**

[To be issued by a Government Medical Officer not below the rank of Asst.Civil Surgeon or equivalent Allopathy]

|   |                                 |                             |
|---|---------------------------------|-----------------------------|
| DATE OF MEDICAL EXAMINATION:                  |                                 |                             |
| PLACE OF MEDICAL EXAMINATION:                 |                                 |                             |
| NAME OF THE CANDIDATE:                        |                                 |                             |
| AGE:  | SEX : MALE/ FEMALE/ TRANSGENDER |                             |
| CATEGORY: GENERAL/SC/ST/GORKHAS & HILL TRIBES |                                 |                             |
| HEIGHT: .....CM                               | WEIGHT:.....Kg                  | BMI: .....KG/M <sup>2</sup> |
| WAIST: .....CM                                | HIP: .....CM                    | WAIST/HI RATIO: .....       |
| CHEST   |                                 |                             |
| INSPIRATION: (CM)                             | EXPIRATION: (CM)                | EXPANSION: (CM)             |
| PULSE RATE:                                   | B.P:                            | RESPIRATORY RATE:           |

- i) Certified that I have Physically examined Shri/Smt/Kum..... son/daughter of .....having Aadhar Card No..... a candidate who has applied for the post of ..... in ISRO Fire Services on .....
- ii) During the Physical Examination, I have taken into account the Physical Fitness Standards and criteria for disqualification mentioned overleaf and I hereby declare that Shri/Smt/Kum ..... as Medically Fit to be considered for selection to the post of ..... It is also certified that the Candidate is medically fit to undergo the Physical Efficiency Tests mentioned overleaf.

Date:

[Signature of Medical Officer (Allopathy)]

Seal

Name :  
Qualification :  
Medical Council Reg. No. :  
Name of Medical Council :  
Designation :  
Official Address :