


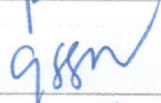


I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
 DR. V. W. MURTHY, MBBS 			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.		HEIGHT (M) Bare Foot	WEIGHT (KGS) Stripped
		1.6m	70kgs
OFFICIAL DESIGNATION		BLOOD TYPE	
CWA I		DATE EXAMINED	10-5-2012