

MEDICAL CERTIFICATE*

I do hereby certify that Shri/Smt. _____ /o _____ who is a candidate for employment / confirmation in the post of _____ cannot discover that he/she has any disease, constitutional affection or bodily infirmity except _____ I consider / do not consider this a disqualification for employment / confirmation in the office of National Institute of Science Education and Research (NISER) Bhubaneswar. His / Her age is according to his / her own statement _____ years and by appearance about _____ years.

Signature of the Candidate

*Signature of Medical Officer
with seal*

Signature Attested

* Issued by registered Medical Officer or similar competent authority