



मानव संसाधन प्रबंधन विभाग
Human Resources Management Department
प्रधान कार्यालय: लोकमंगल, 1501, शिवाजीनगर, पुणे-5
Head Office: LOKMANGAL, 1501, SHIVAJINAGAR, PUNE-5
टेलीफोन/TELE-020 : 25614270-74
ई/मेल-e-mail : bomcoper@mahabank.co.in



AX1/ST/RP/Project...../2020-21

Date: -

(Draft of Letter to Bank's Medical Officer / Civil Surgeon for Medical Examination)

To,

(Bank's Medical Officer / Civil Surgeon)

TALUKA/TOWN/CITY/_____

DISTRICT _____

Recruitment Project:-

Dear Sir/Madam,

Reg:- Medical Examination of Shri./Smt/.....

Roll No.....& Regd No..... who has provisionally
selected as.....in Bank of Maharashtra.

Address: -

.....is one of the successful
candidate for the post ofdiscipline to be recruited in
our Bank.

Before appointing Shri. / Smt.....
(Name) as a(Scale.....), we would like to
know his / her Medical Fitness.

We enclose a Medical Report Format. We request you to check the candidate and give us the
report in the Medical Report Format enclosed.

Thanking you,

Yours faithfully,

Authorized Official.

Round Seal of the Office:

(To be signed by B. M. / Authorized Officer of any Branch / Authorized Officer of the Branch or
Office / Zonal Office of Bank of Maharashtra. Branch Manager / Authorized Officer is requested to
issue this letter to Shri. / Smt..... and write the Roll
Number & Registration Number as per Offer Letter sent by email / hard copy thereof).

MEDICAL REPORT FORMAT

Date: -

Name of the Candidate: -

Address: -

Affix latest
passport size
photo

Age: -

Male / Female

Identification mark _____

Signature of the candidate _____
(to be signed before the Doctor)

To be filled by the Examinee himself.

01	Have you ever had any serious illness or surgical operations?	
02	Have you or has any member of your family ever been under treatment for tuberculosis	
03	Have you or has any member of your family ever suffered from medical disease, fits or epilepsy or been treated in an institution for any kind of these diseases?	
04	Have you or has any member of your family ever been under treatment for trachoma?	

State if normal, if not give particulars of any departure from Normal.

Name: -
Signature of the Examinee

To be filled by the examining doctor: -

Past History – Name of the family members suffering from – since when

- 1)
- 2)
- 3)

Hypertension	Cancer
Mental diseases	Cardiac Ailment
Asthama	Paralysis
Skin Diseases	Tumor
Tuberculosis	Pleuresy
Leprosy	Major Accident / Surgical operations

General Examination

Built	Height
Weight	Conjunctive
Pulse	Tongue
Nails	Lung
Mental Condition & Intelligence	

Systemic Examination

Cardio Vascular System	B.P.
	Heart Sounds
	Murmurs
	Peripheral circulation
	Abnormal Findings

Respiratory System

Inspection	
Purcussion	
Palpaiton	

Per Abdomen	Operative Scar
	Hernia
	Hydrocele
	Lever
	Spleen

	Any finding
Central nervous System	
Ear, Nose, Throat, Teeth	
Ophthalmic Examination	Eye sight
	Colour Blindness
	Squint
	Abnormal findings
Gynaecological Examination	M.C.
	Last M.C.
	Obstetric History
	Abnormal findings
Urine Sugar	
Albumin	
Advice to the candidate for the of abnormal findings.	
Recheck	
Consultant's Opinion	
Remarks	
Certify that I have this day examined the above named and the results are as set forth and I certify that in my opinion Shri/Smt.....is physically, mentally fit / unfit to join service, subject to any special observation under remarks.	

SIGNATURE of Medical Officer / Civil Surgeon:

NAME:

Qualification:

Registration No.:

Address:

Date:-