


बैंक ऑफ महाराष्ट्र मानव संसाधन विकास विभाग प्रधान कार्यालय, लोकमंगल, 1501 शिवाजीनगर, पुणे 411005		BANK OF MAHARASHTRA HUMAN RESOURCES MGT DEPTT. Head Office, "Lokmangal", 1501 Shivajinagar, Pune – 411 005.
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No. AX-1/ST/RP/ /PGDBF-2016/

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

To,

(Bank's Medical Officer / Civil Surgeon)

TALUKA/TOWN/CITY/ _____

PGDBF 2016

DISTRICT _____

Dear Sir,

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

Roll No:

Regd. No.:

Address -

_____, is one of the successful candidate, shortlisted for the PGDBF course of one year and on successful completion of for course to be absorbed / appointed as **PROBATIONARY OFFICER (SCALE-I)** discipline to be recruited in our Bank.

Before admission of Shri. / Smt. _____ (Name of the candidate) for PGDBF course, 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,

Branch Manager / Authorized

Officer,

Name of Branch / Office

Round Seal of the Branch / Office:

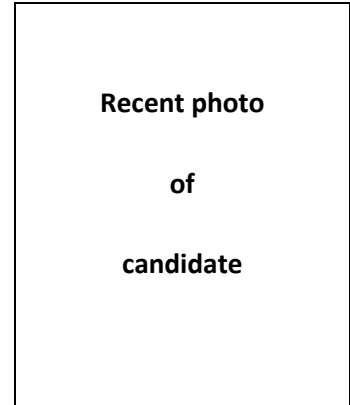
(To be signed by B. M. / Authorized Officer of any Branch / Authorized Officer of the Branch or Office / Zonal Office of Bank of Maharashtra. Branch Manager / Authorized Officer is requested to issue this letter to the candidate and write the Roll Number & Registration Number as per Offer Letter sent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

MEDICAL REPORT FORM

Date :

Name of Candidate: _____

Address _____



Age _____ **Sex** _____

Identification mark _____

Signature of the candidate _____

(to be signed before the 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

Systemic Examination

Cardio Vascular System

B.P.

Heart Sounds

Murmurs

Peripheral circulation

Abnormal Findings

Respiratory System

Inspection

Percussion

Palpitation

Per Abdomen	Operative Scar
	Hernia
	Hydrocele
	Liver

	Spleen
	Any finding
Central nervous System	
Ear, Nose, Throat	
Ophthalmic Examination	Eye sight
	Colour Blindness
	Squint
	Abnormal findings
Gynaecological	M.C.
Examination	Last M.C.
	Obstetric History
	Abnormal findings
Urine Sugar	
Albumin	
Advice to the candidate for the of abnormal findings.	
Recheck	
Consultant's Opinion	

Remarks

Opinion- In my opinion Mr./Mrs./Miss_____

is physically mentally fit/Unfit to join his/her service.

SIGNATURE of Medical Officer / Civil Surgeon:

NAME:

Qualification:

Registration No.:

Address:

Date: