

SCHEDULE-II

[See Regulation 8(i)]

FORM OF MEDICAL FITNESS CERTIFICATE

I hereby certify that I have examined Shri/Shrimati _____
_____ a candidate for appointment under the Khuda
Bakhsh Oriental Public Library Board and cannot discover that he/she has any
disease (communicable or otherwise), constitutional weakness or bodily infirmity
except _____.

I do not consider this a disqualification for employment in the Khuda Bakhsh
Oriental Public Library Board. Shri/Shrimati age is according to his/her own
statement is _____ years and by appearance about _____ years.

Civil Surgeon/Medical Superintendent/
Medical Officer
