

PROJECTS & DEVELOPMENT INDIA LIMITED

FORM OF MEDICAL CERTIFICATE

I hereby certify that I have examined Shri/Smt./Ms. _____, who has been offered employment in the Projects & Development India Limited (A Govt. of India Undertaking) 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 Projects & Development India Limited.

Shri/Smt./Ms. _____'s age is according to his/her own statement _____ years _____ months and age by appearance is about _____ years _____ months.

Dated : _____
Place : _____
Registration Number: _____

Signature of Government Hospital Official
(Medical Officer/Civil Surgeon/ Staff Surgeon/
Authorized Medical Officer) alongwith Seal

Signature of the candidate _____

LEFT HAND THUMB AND FINGER IMPRESSIONS

THUMB FOREFINGER MIDDLEFINGER RINGFINGER LITTLEFINGER

Dated : _____
Place : _____
Registration Number: _____

Signature of Government Hospital Official
(Medical Officer/Civil Surgeon/ Staff Surgeon/
Authorized Medical Officer) alongwith Seal

I do hereby declare that I have not any time been proposed unfit for Government Employment by the Medical Board at the Indian Office or any other duly constituted medical authority.

Signature of the candidate

1

CERTIFICATE OF CHARACTER BY A GAZETTED OFFICER

1

Affix passport size
latest photograph
duly attested by
Gazetted Officer

Certified that I know Shri/Smt. /Ms. _____
Son/daughter/wife of Shri _____ for the last _____ years
_____ Months (*at least six months at the time of signing the certificate*) and that to the
best of my knowledge and belief he/she bears reputable character and has no antecedents
which render him/her unsuitable for Government Employment.

Shri/Smt. /Ms. _____ is not related to me.

Place: _____

Signature: _____

Date: _____

Name: _____

Designation: _____

(Office Stamp)

PROJECTS & DEVELOPMENT INDIA LIMITED, NOIDA

(TO BE SUBMITTED FOR PAYMENT PURPOSE)

I am furnishing the following information.

DATE OF JOINING _____

PAN NO. _____ (COPY ATTACHED)

BANK DETAILS

NAME OF BANK _____

BRANCH _____

ACCOUNT NO _____

IFS CODE _____

(COPY OF CHEQUE/ FIRST PAGE OF PASS BOOK IS ATTACHED)

(SIGNATURE)

NAME _____

FATHER'S NAME _____

EMP. No. _____

DESIGNATION _____

DEPARTMENT _____

DATE _____

MOBILE No. _____