

FORM NO. 4  
Vide, Sub-rule (1) of rule 10.

**Medical certificate of health of a candidate for entry into service of Water  
Development Board.**

I hereby certify that I have examined Mr./Mrs./Miss .....  
....., a candidate for employment to the post of ..  
..... and cannot discover that Mr. /Mrs. / Miss  
..... has any disease, constitutional  
weakness or bodily infirmity except ..... I do not consider  
this is a disqualification fo employment to the post of .....  
..... His/Her age is, according to ..... own statement  
..... Years, and by appearance about ..... Years.

Place .....

Signature of medical officer

Date .....

Designation