MEDICAL CERTIFICATE

Photo

Name of Official: - Summaya

Caste or race: - Afghan

Father / Husband Name: - Khursh

Residence: - Village Khuna Cham Saidu Sharif

District Swat

Date of Birth: - 27-02-1996

Exact height by measurement: - 5 ‘ - 0”

Personal Mark of identification: - NA

Signature of the Official: -

Signature of head of office: -

Seal of Office: -

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I do hereby certify that I have examined Mr. / Miss. ……………………………… a candidate for employment in the office of the ………………………………………………….. and cannot discover that he / she had any disease communicable or other constitutional affection or bodily infirmity except ……………………………………………………….

I do not consider this as disqualification for employment in the office of the …………. ………………………………. His / Her age according to his own statement ……………. Year and by appearance about …………………….. years.

LEFT HAND THUMB AND FINGER Medical Superintendent.

IMPRESSIONS …………………………………... Civil Hospital ……………