

**BARODA RAJASTHAN KSHETRIYA GRAMIN BANK  
(HEAD OFFICE : AJMER)**

**Medical Fitness Report**

Affix a passport  
size photo and  
get it attested by  
doctor with  
stamp on it

**Full Name** Shri / Smt. / Miss \_\_\_\_\_

**S/o, W/o, D/o** \_\_\_\_\_

**address** \_\_\_\_\_

**age** \_\_\_\_\_ **years, date of birth** \_\_\_\_\_, **height** \_\_\_\_\_ **weight** \_\_\_\_\_.

**COMPLAINT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Throat** \_\_\_\_\_ **Eyes** \_\_\_\_\_ **Temperature** \_\_\_\_\_

**Tongue** \_\_\_\_\_ **Joints** \_\_\_\_\_ **Pulse** \_\_\_\_\_ **Teeth** \_\_\_\_\_

**Glands** \_\_\_\_\_ **Resp** \_\_\_\_\_ **Respiratory system** \_\_\_\_\_

**Circulatory system** \_\_\_\_\_ **Centro Urinary**

**system** \_\_\_\_\_ **Nervous system** \_\_\_\_\_

**Pregnancy** \_\_\_\_\_ **Identification Mark** \_\_\_\_\_

**Remarks (regarding fitness)** \_\_\_\_\_

**Candidate Name :**

**Signature :**

**Dated :**

**Signature of the Doctor with stamp**