ENGINEERS REGISTRATION BOARD

REQUEST FOR MEDICAL EXAMINATION

PART A

To the Medical Officer…… ……..
From……..……(Designation)
.....Organisation

*Mr/Mrs/Miss …….....

Please examine the above named as to his/her fitness for appointment/ re-engagement as a……. (Title/post) on Temporary/Contract/ Permanent and Pensionable terms.

Date …… Signature…….....

PART B

MEDICAL CERTIFICATE (To be completed by a Medical Officer)

I have examined the above named and consider that *he/she is not physically fit for appointment/re-engagement.

Date……..... Signature……

Station…….. Designation …….