



BANK OF MAHARASHTRA
HUMAN RESOURCES MGT DEPTT.
Head Office, "Lokmangal",
1501 Shivajinagar, Pune - 411 005.

Phone 020-25532752, 25514501-12, /Fax: 020-25532581, mail: bomcoper@mahabank.co.in

No. AX-1/ST/RP/0000/CA-MMGS- II/2014-15

Date-

(Draft of Letter to Bank's Medical Officer / Civil Surgeon for Medical Examination)

To,

(Bank's Medical Officer / Civil Surgeon)

TALUKA/TOWN/CITY/_____ Chartered Accountant Recruitment – Project
2014-15

DISTRICT_____

Dear Sir,

Reg :- Medical Examination of Shri. / Smt. _____

Regd. No.:

Address -

_____, is one of the successful candidate for the post of
Chartered Accountant (SCALE-II) discipline to be recruited in our Bank.

Before appointing Shri. / Smt. _____ (Name of
C. A.) as a Chartered Accountant Officer (Scale II), we would like to know his / her
Medical Fitness.

We enclose a Medical Report Format. We request you to check the candidate and
give us the report in the Medical Report Format enclosed.

Thanking you,

Yours faithfully,

Authorized Official.

Round Seal of the Office:

(To be signed by B. M. / Authorized Officer of any Branch / Authorized Officer of the Branch
or Office / Zonal Office of Bank of Maharashtra. Branch Manager / Authorized Officer is
requested to issue this letter to the candidate / Chartered Accountant Officer and write the
Registration Number as per Offer Letter sent by email / hard copy thereof).



HRM DEPARTMENT : HEAD OFFICE, PUNE

MEDICAL REPORT FORM

Date :

Name of Candidate: _____

Address _____



Age _____ DOB _____ Sex _____

Identification mark _____

I declare that I am medically fit to join the Banks Job and not averse to any allergies which may hinder my performance in discharging the duties in Bank. I further declare that I will give here below all information true about my family members.

Signature of the candidate _____

(To be signed before the Doctor)

Past History – Name of the family members suffering from – since when

- | | |
|-----------------|---------------------|
| 1. | |
| 2. | |
| 3. | |
| Hypertension | Cancer |
| Mental diseases | Cardiac Ailment |
| Asthama | Paralysis |
| Skin Diseases | Tumor |
| Tuberculosis | Pleuresy |
| Leprosy | Major Accident / |
| | Surgical operations |

General**Examination**

Built
Weight
Pulse
Nails

Height
Conjunctive
Tongue

Systemic Examination

Cardio Vascular System

B.P.
Heart Sounds
Murmurs
Peripheral circulation

Abnormal Findings

Respiratory System

Inspection
Percussion
Palpitation

Per Abdomen	Operative Scar
	Hernia
	Hydrocele
	Liver
	Spleen
Any finding	
Central nervous System	
Ear, Nose, Throat	
Ophthalmic Examination	Eye sight
	Colour Blindness
	Squint
Abnormal findings	
Gynecological Examination	M.C.
	Last M.C.
	Obstetric History
Abnormal findings	

Urine Sugar	
Albumin	
Advice to the candidate for the of abnormal findings.	
Recheck	
Consultant's Opinion	
Remarks	
Opinion- In my opinion Mr./Mrs./Miss _____ is physically mentally fit/Unfit to join his/her service.	

SIGNATURE of Medical Officer / Civil Surgeon:

NAME:

Qualification:

Registration No.:

Address:

Date: