

बैंक ऑफ महाराष्ट्र

मानव संसाधन प्रबंधन विभाग
प्रधान कार्यालय, लोकमंगल,
1501 शिवाजीनगर, पुणे 411005



BANK OF MAHARASHTRA

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

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

No. AX-1/HRM/RP/PO/2017-18

Date-

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

To,

(Bank's Medical Officer / Civil Surgeon)

TALUKA/TOWN/CITY/_____

CWE – VI (PO) Project 2017-18

DISTRICT

Dear Sir,

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

Roll No:

Regd. No.:

Address -

_____, is one of the successful candidate for the post of
Probationary officer discipline to be recruited in our Bank.

Before appointing Shri. / Smt. _____ (Name of
PO) as a Probationary officer, 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 / Branch

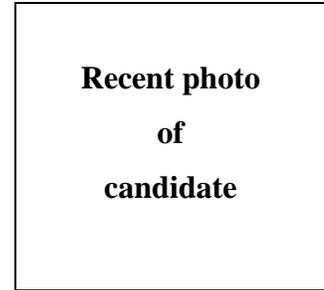
(To be signed by B. M. / Authorized Officer of any Branch or Office / Zonal Office of Bank of
Maharashtra. Branch Manager / Authorized Officer is requested to issue this letter to the
candidate / PO and write the Roll Number & Registration Number as per Offer for
Employment for PO – Recruitment 2017-18).

MEDICAL REPORT FORM – CWE -VI 2017-18 (PO)

Date :

Name of Candidate: _____
_____ **(Officer)**

Address _____



Age _____ Sex _____

Identification mark _____

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	Height
	Weight	Conjunctive
	Pulse	Tongue
	Nails	

Systemic Examination

Cardio Vascular System	B.P.
	Heart Sounds
	Murmurs
	Peripheral circulation
	Abnormal Findings

Respiratory System

Inspection
Purcussion
Palpaiton

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
Gynaecological 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 and mentally FIT / Unfit to join his/her service. (Strike which is not applicable)	

SIGNATURE of Medical Officer / Civil Surgeon:

NAME:

Qualification:

Registration No.:

Stamp:

Address:

Date: