

	(v) Superintendent of Prisons; (vi) matron.			The training shall be for a period of one year.
	“(1A) Directly recruited matron		Inspector-General	The training shall be for a period of six months.
	(2) <i>Serving Jail Officers—</i> (i) Assistant Jailers; (ii) Deputy Jailers; (iii) Jailers; (iv) Additional Superintendent of Prisons; and (v) Superintendent of Prisons. (vi) Matron. G.OMs No217 P&AR FRIV dt.4.12.2000		Inspector-General	The training shall be for a period of six months.
	(i) Psychologist; (ii) Social Worker; (iii) Probation Officers; (iv) Welfare Officers.		Inspector-General	The training shall be for a period of six months.
Service training under the Chief Probation Superintendent.	Probationary Officers	Probation	Inspector-General	The training shall be for a period of three months.
Service training about the practical knowledge of drill, parade, turn out, etc., at the Wardens Training School, Vellore.	Directly recruited Warders		Superintendents of Prisons/Borstal School, Pudukottai.	The training shall be for a period of six months.
Practical training in Nursing at the Government Head Quarters Hospital.			Superintendents of Prisons/Borstal School, Pudukottai.	The training shall be for a period of one year.

(G.O. Ms. No. 917, Personnel and Administrative Reforms Department, dated 31st August 1981.)

*If the training can be arranged for without the appointment of substitutes, the Collector is authorised to sanction the training.

ANNEXURE I-A.

(1) Certificate of Physical Fitness (for Executive Posts.)

[This form is to be used by every candidate who is required by the Tamil Nadu Public Service Commission produce a certificate of physical fitness. It must be signed by a Commissioned Medical Officer or a Civil Medical Officer of rank not lower than that of Civil Surgeon or Honorary Medical Officer of the rank of Civil Surgeon (viz., Honorary Physician and Honorary Surgeon) or a District Medical Officer.]

Note:—A candidate who resides outside the Tamil Nadu State and who is unable to produce the certificate from a Medical Officer employed in the Tamil Nadu State may produce it from a Medical Officer of corresponding rank outside the Tamil Nadu State. Such certificate should contain the following particulars:—

(i) The State under which the Medical Officer is employed and the name of the institution in which he is employed and his rank.

(ii) Register number of the certifying Medical Officer in the Register in which his name has been registered.

(iii) The official stamp or seal of the institution in which the certifying Medical Officer is employed.

The certificate so produced will be subject to acceptance after scrutiny by the Director of Medical Services, Tamil Nadu.

Name and rank of officer granting the certificate.

I do hereby certify that I have examined (full name)a candidate for employment under the Government of Tamil Nadu in the..... service as and cannot discover that he has any disease, communicable or otherwise constitutional affliction or bodily infirmity except that his sight is

in excess of the standard prescribed, or except below

I do consider this a qualification for the employment he seeks do not

I do further certify that in my opinion his general physical condition is such as to enable him to perform efficiently the active duties of executive service.

His age is according to his own statement.....year and by appearance about.....years.

I also certify that he has marks of Small pox vaccination on full inspiration

Chest measurement in centimeters on full expiration difference (expansion)

Height in centimeters.

Weight in Kilograms.

His vision is normal.

Hypermetropic ()

Here enter the degree of defect and the strength of correction glasses.

Myopic ()

Here enter the degree of defect and the strength of correction glasses.

Astigmatic (simple or mixed) ()

Here enter the degree of defect and the strength of correction glasses.

Hearing is normal, defective (much or slight).

Urine—Does chemical examination show (i) albumen, (ii) sugar.

State specific gravity.

Personal marks (at least two should be mentioned).

Station:

Signature:

Date:

Rank:

Designation:

The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the note below:—

1. State your name in full ..
2. State your age and birth place
3. (a) Have you ever had smallpox, intermittent or any other fever enlargement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, heart disease, fainting attacks rheumatism, appendicitis?
or
(b) any other disease or accident requiring confinement to bed and medical or surgical treatment?
or
(c) suffered from any illness, wound or Injuries sustained while on active service with His Majesty's Forces during the war.
4. When were you last vaccinated?
5. Have you or any or your relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or insanity?
6. Have you suffered from any form of nervousness due to overwork or any other cause?
7. Furnish the following particulars concerning your family?

Father's age, if living, and state of health. Mother's age at if living and state dead, their of health.	Father's age at death and cause of death. Mother's age at death and living, cause of death	Number of brothers living, their ages and state of health. Number of sisters their ages dead, and state of health	Number of brothers dead their ages at and cause of death. Number of sisters their age at cost of death
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I declare all the above answers to be, to the best of my belief, true and correct.

Candidates's signature.

Note.—(1) The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information he will incur the brick of losing the appointment and, if appointed, of forfeiting all claims to superannuation allowance or gratuity.

(2) The candidate selected by the Commission for direct recruitment to the Tamil Nadu Police Service or recruited to the Tamil Nadu Civil Service (Executive Branch) otherwise than from the Tamil Nadu Revenue Subordinate Service will be examined by a Medical Board before appointment.

(2) Certificate of Physical Fitness *(for other than executive posts and posts in the Tamil Nadu Ministerial Service the Tamil Nadu Judicial Ministerial Service and the Tamil Nadu Secretariat Service.)*

[This form is to be used by every candidate who is required by the Tamil Nadu Public Service Commission to produce a certificate of physical fitness. *It must be signed by a Commissioned Medical Officer or a Civil Medical Officer of rank not lower than that of Civil Surgeon or Honorary Medical Officer of the rank of Civil Surgeon (viz., Honorary Physician and Honorary Surgeon) or a District Medical Officer.*]

Note.—A candidate who resides outside the Tamil Nadu State and who is unable to produce the certificate from a Medical Officer employed in the Tamil Nadu State may produce it from a Medical Officer of the corresponding rank outside the Tamil Nadu State. Such certificate should contain the following particulars:—

- (i) The State under which the Medical Officer is employed and the name of the institution in which he is employed and his rank.
- (ii) Register number of the certifying Medical Officer in the Register in which his name has been registered.
- (iii) The official stamp or seal of the institution in which the certifying Medical Officer is employed.

The certificate so produced will be subject to acceptance after scrutiny by the Director of Medical Services, Tamil Nadu.

Name and rank of officer granting the certificate.

I do hereby certify that I have examined (full name)a candidate for employment under the Government of Tamil Nadu in the..... service asand cannot discover that he has any disease, communicable or otherwise, constitutional affliction or bodily infirmity except that his weight is in excess of the standard prescribed, or except below

do
I do not consider this a disqualification for the employment he seeks.

His age is according to his own statement.....years and by appearance aboutyears,

I also certify that he has marks of vaccination
smallpox

Chest measurement in centimetres on full inspiration
on full expiration
difference (expansion)

Height in Centimetres.

Weight in Kilograms.

His vision is normal.

Hypermetropic (.....)

Here enter the degree of defect and the strength of correction glasses.

Myopic (.....)

Here enter the degree of defect and the strength of correction glasses.

Astigmatic (simple or mixed) ()

Here enter the degree of defect and the strength of correction glasses.

Hearing is normal, defective (much or slight).

Urine—Does chemical examination show (i) albumen, (ii) sugar, state specific gravity.

Personal marks (at least two should be mentioned).

Station:

Signature:

Date :

Rank:

Designation:

The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specifically directed to the warning contained in the note below:—

1 State your name in Full ..

2 State your age and birth place ..

3 (a) Have you ever had smallpox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, heart disease, fainting attacks, rheumatism, appendicitis?

or

(b) any other disease or accident requiring confinement to bed and medical or surgical treatment?

or

(c) suffered from any illness, wound or injuries sustained while on active service with his Majesty's Force during the war.

4 When were you last vaccinated?

5 Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or insanity?

6 Have you suffered from any form of nervousness due to over work or any other cause?

7 Furnish the following particulars concerning your family:—

Father's age, if living and death and state of health. death.	Father's age at brothers living, cause of state of health.	Number of brothers dead, their ages and cause of death.	Number of their ages at and
Mother's age, if living and death and state of health.	Mother's age at cause sisters living, of death. state of health.	Number of sisters dead, their ages and cause of death.	Number of their ages at and

I declare all the above answers to be, to the best of my belief, true and correct.

Candidate's signature.

Note:—The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information he will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to superannuation allowance or gratuity.

(3) Certificate of Physical Fitness (for posts in the Tamil Nadu Ministerial Service, the Tamil Nadu Judicial Ministerial Service and the Tamil Nadu Secretariat Service.)

(This form is to be used by every candidate who is required by the Tamil Nadu Public Service Commission to produce a certificate of physical fitness. It must be signed by a Medical Officer of rank not lower than that of an Assistant Surgeon employed under the Tamil Nadu Government or by an Honorary Assistant Surgeon and Physician appointed by the Tamil Nadu Government to a Government Medical Institution.)

Note.—A candidate who resides outside the Tamil Nadu State and who is unable to produce the certificate from medical officer employed in the Tamil Nadu State may produce it from a medical officer of the corresponding rank outside the Tamil Nadu State. Such certificate should contain the following particulars:—

(i) The State under which the medical officer is employed and the name of the institution in which he is employed and his rank;

(ii) The register number of the certifying medical officer in the register in which his name has been registered; and

(iii) The official stamp or seal of his Institution in which the certifying medical officer is employed. The certificate so produced will be subject to acceptance after scrutiny by the Director of Medical Services, Tamil Nadu.

Name and Rank of officer granting the certificate.

I do hereby that I have examined (Full name) a candidate for employment under the Government of Tamil Nadu in the services as and cannot discover that he has any disease, communicable or otherwise, constitutional affliction or bodily infirmity except that his weight is in excess of below the standard prescribed, or except

do
I do not consider this is a disqualification for the employment he seeks.

His age is according to his own statement years and by appearance years

I also certify that hem has marks of smallpox vaccination on full inspiration
Chest measurement in centimeters on full expiration difference (expansion).

Height in Centimetres.
Weight in Kilograms.
His vision is normal.

Hypermetropic ().
Here enter the degree of defect and the strength of correction glasses.

Myopic ().
Here enter the degree of defect and the strength of correction glasses.

Astigmatic (simple or mixed) ().
Here enter the degree of defect and the strength of correction glasses.

Hearing is normal, defective (much or slight).

Urine—Does chemical examination show (i) albumen, (ii) sugar, state specific gravity.

(Personal marks at least two should be mentioned.)

Station:

Signature:

Date:

Rank:

Designation:

The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the note below:—

1. State your name in full ..
2. State your age and birth place ..
3. (a) Have you ever had smallpox, intermittent or any other fever enlargement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, heart disease, fainting, attacks, rheumatism, appendicitis?

or

(b) any other disease or accident requiring confinement to bed and medical or surgical treatment?

or

(c) suffered from any illness, wound or injuries sustained while on active service with his Majesty's Force during the war.

4. When were you last vaccinated?
5. Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or insanity?
6. Have you suffered from any form of nervousness due to over work or any other cause?
7. Furnish the following particulars concerning your family:—

Father's age if living, and state of health.	Father's age at death and state of health.	Number of brothers living, cause of state of health.	Number of brothers dead, their ages and cause of death.	their ages at
Mother's age if living, and state of health.	Mother's age at death and state of health.	Mother's age at living, their cause of death.	Number of sisters dead, their ages and cause of death.	Number of sisters ages at and

I declare all the above answers to be, to the best of my belief, true and correct.

Candidate's signature.

Note.—The Candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information he will incur the risk of losing the appointment and, if appointed of forfeiting all claims to superannuation allowance or gratuity.

Form under Fundamental Rule 10.

(For use in other case.)

Certificate of Physical Fitness by a single Medical Officer/the Civil Medical Board

I/We do hereby certify that I/we have examined (full name) a candidate for employment under the Government of Tamil Nadu in the service as and cannot discover that he/she has any disease, communicable or otherwise, constitutional

affliction or bodily infirmity except that his/her weight is in excess of _____ in excess of/Below the standard prescribed, or except

I/We do not consider this a disqualification for the employment he/she seeks.

His/Her age is according to his/her own statement _____ years and by appearance about _____ years.

I/We also certify that he/she has marks of _____ smallpox vaccination on full inspiration

Chest measurement in centimeters _____ on full expiration difference (expansion)

Height in Centimetres.

Weight in Kilograms.

His/Her vision is normal

Hypermetropic (_____)

(Here enter the degree of defect and the strength of correction glasses.)

Myopic (_____)

(Here enter the degree of defect and the strength of correction glasses.)

Astigmatic (simple or mixed) (_____)

(Here enter the degree of defect and the strength of correction glasses.)

Hearing is normal, defective (much or slight).

Urine—Does chemical examination show (i) albumen, (ii) sugar, state specific gravity.

Personal marks (at least two should be mentioned).

Signature*

Rank:

Designation:

Station:

‡President.

Date:

Members (i)

(ii)

Station

Dated

The candidates must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the note below:—

1. State your name in full.

2. State your age and birth place.

3. (a) Have you ever had smallpox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, inflammation of lungs, heart disease, fainting, attacks, rheumatism, appendicitis?

or

(b) any other disease or accident requiring confinement to bed and medical or surgical treatment?

4. When were you last vaccinated?

5. Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or insanity?

6. Have you suffered from any form of nervousness due to over work or any other cause?

7. Furnish the following particulars concerning your family:—

Father's age, if living, and death and state of health.	Father's age at brothers living, cause of death. state of health.	Number of brothers dead, their ages and cause of death.	Number of their ages at
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* In the case of single Medical Officer.

‡ In the case of Medical Board.

Mother's age, if living and at death and state of health.	Mother's age sisters living, their ages and state of health.	Number of sisters dead their ages at and cause of death.	Number of
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I declare all the above answers to be, to the best of my belief, true and correct.

Candidate's signature.

Note.—The candidate will be held responsible for the accuracy of the above statement. by wilfully suppressing any information he will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to superannuation allowance or gratuity.

(G.O. Ms. No. 668, Finance, dated 12th April 1955.)

Form prescribed in F.R. 71

Signature of applicant—

We the members of a Medical Board

Civil Surgeon of

do hereby

a Registered Medical Practitioner of certify that I/We have carefully examined A.B.C. of the department whose signature is given above and find that he has recovered from his illness and is now fit to resume duties in Government service. I/We also certify that before arriving at this decision, I/We have examined the original medical certificates and statements of the case (or certified copies thereof, on which leave was granted or extended, and have taken these into consideration in arriving at my/our decision).

Signature of (the Civil Surgeon of the Medical Board, etc.)

Instructions.—If the Government servant on leave is a Gazetted Officer who has taken leave on a certificate granted by a Medical Board, the certificate of fitness to return to duty should also be from a Medical Board except—

(1) in case in which the leave is for not more than three months, or

(2) in cases in which the leave is for more than three months or leave for three months or less is extended beyond three months but the Medical Committee granting the original certificate or the certificate for extension state at the time of granting such certificate, that the Government servant need not appear before another Committee for obtaining the certificate of fitness to return to duty.