

## Medical Certificate

**(To be used for submitting with Government Teachers Transfer Applications only.)**

*Recommendation in relevance to chronic ailments / disabilities (heart diseases, previous heart surgeries, chronic kidney disease, malignancy cancers, and accidents with permanent disabilities) should be obtained from a relevant medical specialist in the clinic /ward of a government hospital or private hospital)*

Name:

Date of Birth

Age:

Gender:

Address:

### Illnesses / Ailments:

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1. Is/ are this/ these chronic / or acute?
  
2. If it is chronic, is it curable or controllable?
  
3. Any surgical intervention needed or already done?
  
4. Is either the applicant or the spouse being currently treated for subfertility? ( please attach relevant documents certified by the specialist with his/her recommendation )
  
5. Dose the family of the applicant have any child/ children requiring special needs? (please submit relevant certified information )

Disabilities:

1. Are movements of limbs restricted?
2. Is walking restricted or not advisable?
3. Is traveling by bus/ train or other forms of transport not advisable?
4. Is voice or ability to talk restricted?
5. Is hearing affected?
6. Any medication that would affect the proper mental and physical functions of the patient and nature of the disability caused by such medication
7. Any other disabilities ( please specify )

Recommendations:

(This recommendation is to a teacher attached to a government school and kindly give your recommendation IN LEGIBLE HANDWRITINGS in the context of teacher's duty of a school)

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Signature and the Designation/ specialty of the medical practitioner who treated the Patient