

MO. No.

# FORM M. C., Con.

Form of medical certificate for a conductor  
(To be filled in by a registered medical practitioner)

1. Name of person examined .....
2. Father's name .....
3. Apparent age.....
4. Is the person, examined, to the best of your judgement, fit physically and mentally to perform the duties of a conductor of a stage carriage;
5. Does he show any evidence of being addicted .....  
the excessive use of alcohol or drugs:
6. Marks of identification.....
7. (a) Height.....  
(b) Weight.....  
(c) Chest.....  
(d) Eye sight .....Normal / Power .....  
(without speets)

I certify that the person examined has affixed his signature or thumbimpression hereto in my presence and that to the best of my knowledge and belief the above statements are true and the attached photograph is a reasonably correct likeness of the person described.

*Signature or thumb impression of person examined*



Name.....

Signature.....

Designation.....