

MEDICAL CERTIFICATE

I do hereby certify that I have examined Mr/Ms
a candidate for employment in the Council of Scientific & Industrial Research and
cannot discover that he/she has any disease (communicable or otherwise),
constitutional weakness or bodily infirmity, except
I do not consider this disqualification for employment in the Council of Scientific
& Industrial Research.

His/her age is according to his own statement
and by appearance about

Signature of the Council Servant

Taken before me

Name of the officer:

Designation of the officer:

Dated: