

**FORM NO. 2 OF CONSTABLE (GD) EXAM-2018**

From,

Name.....  
Roll No.....

To,

The .....  
.....  
.....

Subject:

**APPEAL AGAINST MEDICAL UNFITNESS OF CONSTABLE(GD) EXAM-2018,**

Sir,

I was medically examined on.....at.....(Centre) for recruitment of Constable(GD) Exam-2018, where I have been declared medically unfit on account of :-

2. I have got medically examined from specialist medical officer of concerned field (Specialist Medical officer of Govt. District Hospital and above) (Dr.)..... a specialist in the field of .....who has found me medically fit for the above post. I enclose the prescribed certificate from the aforesaid doctor who has declared me medically fit. I also enclose a Demand Draft of Rs.25/- as fee for my review medical examination by the medical board of CAPFs.

3. Certified that all documents as per check list have been attached.

4. I, therefore, request for my review medical examination by a review medical board of CAPFs for post of CT/GD-2018 in CAPFs.

**CHECK LIST**

- i) Medical Fitness certificate in Form No.3 of Constable(GD) Exam-2018. Certificate in other format will be rejected.
- ii) Demand draft of Rs. 25/- in favour of .....
- iii) payable at ..... (Address as mentioned in Form No.1 of Constable(GD) Exam-2018. Drafts payable at the place other than as mentioned in Form No.1 of Constable (GD) Exam-2018 will be rejected.
- iii) Candidates are advised to affix stamp of Rs.42/- if they desire that call letter for review medical examination is to be sent by speed post. The department will not accept responsibility for postal delay/missing.

Yours faithfully,

Signature.....  
Name.....  
Roll No.....  
Address.....

**FORM NO. 3 OF CONSTABLE (GD) EXAM-2018**  
**MEDICAL FITNESS CERTIFICATE**

Medical Practitioner to attest Photograph &  
Thumb impression of candidate

Space for  
photograph of  
candidate

Left Thumb  
impression of  
candidate

Certified that Mr./Ms..... S/o Shri ..... Age.....  
years, a candidate of Constable (GD) Exam-2018 in CAPFs whose photo and thumb impression are appended  
above duly attested by me was examined by me at Hospital ..... on  
date.....

2. I the undersigned, have the knowledge that Mr./Ms. ....S/o  
Shri..... has been declared Medically Unfit by the Medical Officer for Constable(GD)  
Exam-2018 in CAPFs due to \_\_\_\_\_

3. In my opinion this is an error of judgment due to following reasons:- \_\_\_\_\_

4. After due examination, I declare him/her medically fit for the said post.

Dated:

Signature & Name with seal of Specialist  
Medical officer of concerned field  
Registration No.....  
(MCI/State Medical Council)  
Designation .....  
Name & Address of Govt. Hospital  
(District Hospital and above)

Signature and name of the Candidate  
(in presence of Medical practitioner)

Attested by

Signature & Name with seal of Specialist  
Medical officer of concerned field

- Note :
- 1) The findings of the Medical should be supported by Medical reports/documents wherever applicable.
  - 2) The Photograph thumb impression and signature of the candidates should be attested by Medical practitioner giving this Medical fitness Certificate. Un-attested forms shall be summarily rejected.
  - 3) CAPFs shall not be responsible for postal delay.