MEDICAL EXAMINATION

DECLARATION BY NOMINEE

Name_

(Full name in capital letters)

.Address_

- 1. Have you or has any member of your family included in this application ever had any serious illness or surgical operation?
- 2. Have your or has any member of your family ever been under treatment for tuberculosis?
- 3. Have you or has any member of your family ever suffered from mental diseases, fits or epilepsy or has been, treated in an institution for any kind of these diseases?
- 4. Have you or has any member of your family been under treatment for trachoma?

I hereby certify that the information supplied by me to the Medical Examiner is correct in. every particulars.

Dated _____

Signature of the nominee which must be made: in the Presence of the Medical Examiner.

RESULTS OF MEDICAL EXAMINATION

State if "Normal" if not, give particulars of any departure from normal

	Husband or single Man Date of birth		Wife or si woman Date of b	-		
A. Heart						
B, Blood Pressure		Max	_Min	Max	Min_	
C. Lungs						
D. Nervous System				_		
E. Medical condition and intelligence						
F. Digestive Organs				_		
G. Skeletion bones and joints				_		
H. Skin				_		
I. Hearing				_		
J. Sight (a) Without glasses		R	_L		R	L
(b) Without glasses (If worn)		R	L		R	L
Causes of defect of sight				_		
K. Genito Urinary Organs				_		
L. Urine Is albumen or sugar present						
M. Teeth				_		
N. Determines		Height	_Weight_	_	Height	Weight

UNDERTAKING

undertake that

(i) I will make myself available to proceed for training and when required by the aid-giving agency and as directed by Government.

(ii) I will conduct myself at all times in a manner compatible with any status as a following holder.

(iii) I will devote my full time to the training programme as directing by supervising agency in the country of training.

(iv) I will not hesitate to do any practical work or manual labour which I may be required to do so as part of my training.

(v) I will not make any correspondence with foreign authorities accept a routine matters.

(vi) I will refrain from engaging in any political commercial, or any other activity incompatible with any work programme.

(vii) I will not seek domicile in the foreign country and will return to Pakistan immediately after training.

(viii) I will not incur any debt during the training period and will clear all outstanding bills before leaving the country of training.

(ix) I will submit such periodical reports as may be required by the training authority during the period of training and will submit to the authority final report immediately on completion of training. I will also submit such reports as may be required by the Government after I have come back from the training.

(x) I will not take wife and other dependent with me during the training without prior approval of the Government.

(xi) I will not apply for any other foreign training and I shall also inform the Government, if I apply for any training subsequent to my application for this training.

(xii) I declared that I have not been abroad for training under any aid programme.

Signature of the Candidate

Address_____

Date _____

١,

(To be witnessed by Class I Gazetted Officers)

Signature of witness

Date _____

Designation _____

Full Address _____

BOND FOR TRAINEES UNDER THE TECHINICAL ASSISTANCE PROGRAMMES

Know all men by the	ese present that we (i)				
	at present residing at				
(hereinafter called th	he trainee) and at (ii)				
at present residing a	at			(hereinafter	
all moneys, charges in respect of the tra in-office or assigns	re held and firmly bond up to the Presider s, costs and expenses as may be determininees training which amount we will not quarter for which payment well and true to be mecuters and administrators jointly and sever	ned by th lestion, to nade we	ne President as having to be paid to the Presid	been incurred on or lent, his successors-	
	Signed and delivered	this	day of	19	
	Signa	ature			
			(Trainee)		
	Signa	ature			
			(Surety)		
Thereas on	his/her request the President has selected	the trair	nee for		
training in		under the			
Technical Assistanc	e Programme of				
and shall return to F as may be directed	w the condition of above-written is that if Pakistan immediately after training and ser d by the Central Government and not se tral Government then the above-written be I force and virtue.	rve within eek empl	Pakistan for a maxim oyment outside Pakis	tan without the prior	
	Signed jointly and severally, t	by each c	of us this		
Day of	19 in the presence of the follow	ing witne	sses:-		
Witnesses:					
1	Signature				
			(Trainee)		
2	Signature				
			(Surety)		

REMARKS- in cases where the medical Examiner is unable to describe or examine as being in perfect health and development he should state the exact nature of the defect which he finds and whether it is of a permanent or temporary nature.

I certify that I have this day examined the above-named and that the results are as setforth and I certify that in my opinion, subject to any special observation under "Remarks" each of the bodily defect which is in good health and of sound constitution and not suffering from any mental and bodily defect which is likely to render him/her a charge upon the public or to prevent him/her from earning his/her own living.

Date_____

Signature, qualifications and designation

Address_____