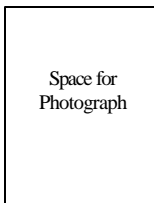


Form of Medical Certificate For A Conductor
(To be filled in by a Registered Medical Practitioner)

- 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 the duties of a conductor of a stage carriage :.....
- 5. Does he show any evidence of being addicted to the excessive use of alcohol or drugs. :.....
- 6. Marks of Identification :.....

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

.....
Signature of person examined



- Name :.....
- Signature :.....
- Designation :.....
- Register No :.....