

**DECLARATION TO BE SUBMITTED BY CANDIDATE**

(In presence of Chief Medical officer/Civil Surgeon)

**Name** :

**Roll No (IBPS):**

**Address** :

**Date of Birth** :

**Marital Status** : Married/Single/Divorced

**Questionnaire** (Please specify your details wherever required)

S No.	Query	Response
	<b>Personal Medical and Psychological Antecedents in Brief:</b>	
1	Are you on any prolonged medication? If Yes, Please specify:	Yes / No
2	Do you intake alcoholic beverages If Yes, Give frequency details of alcohol consumption:	Yes / No
3	Do you smoke/consume tobacco If Yes, Give frequency details of Consumption/Smoking:	Yes / No
4	Do you consume sleeping pills If Yes, Give frequency details of taking pills:	Yes / No
5	Do you feel need of Psychiatric because of nervousness If yes, Details thereof:	Yes / No

**Personal History:**

A. History of Asthma, Tuberculosis, Spitting Blood, Pleurisy, Breathlessness etc.

Give Details:

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B. History of Bleeding from Gastro-intestinal tract, Gastric or Duodenal, Ulcers, Appendicitis, Internal piles, fistula, Typhoid, Jaundice, Typhoids etc. Give

Details:

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C. History of palpitation, fainting spells, pain in the chest, breathlessness on exertion, cyanosis, rheumatic fever with joint pains, swelling of legs face etc. Give

Details:

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- D. History of bleeding from urinary tract, painful urination, passing of stone or gravel in urine etc. Give Details:  
 .....
- E. History of Fits, paralysis, Neurasthenia, Nervous breakdown etc. Give Details:  
 .....  
 .....
- F. History of Leprosy, extensive generalised allergic dermatitis, Leucoderm, Venereal Disease etc. Give Details:  
 .....  
 .....
- G. Have you suffered from defects in hearing or eyesight? Give details:  
 .....  
 .....
- H. Details of serious injuries/illness sustained by accident or otherwise. Give details:  
 .....  
 .....
- I. Details of surgical operations undergone, if any. Give Details:  
 .....
- J. Have you been tested for HIV, If yes summarise report:  
 .....
- K. Any other medical history you have gone through which is not mentioned here. Please Give Details:  
 .....

**Past Employment, If Any**

Name of Company	No. of Years	Nature of Job	Any Occupational Health Ailment

Have you ever been rejected by any of your previous employer on the basis of Medical fitness, Please specify:

**Family History:**

- a) Heart disease and hypertension:
- b) Tuberculosis:
- c) Kidney Disorder:
- d) Cancer:
- e) Any Other serious ailments:

Please give brief, if any of above ailment history in family:

Gynaecologic Disorder History, if any **(For Female candidate only)**

Declaration:

I hereby declare that the above statements are correct to the best of my knowledge and that any incorrect/suppressed information will render me liable for termination of my services in the Bank.

Date:

Place:

Signature of Candidate

Signed in my Presence

Signature of Chief Medical Officer/Civil Surgeon

Finger Prints of The Left Hand Figures

Little Finger	Ring Finger	Middle Finger	Index Finger	Thumb

Note: Candidate may please note that they would have no right to challenge the decision of the Chief Medical Officer/Civil surgeon in this regards. However if the Bank is satisfied on the basis of substantiating and convincing evidence produced by the candidate of the possibility of an error of judgment in the decision of the Chief Medical Officer/Civil surgeon it is open to the Bank to allow an appeal to a Medical Board which will be constituted by the Bank. Such evidence/records should however, be submitted by the candidate within one month of the date of communication in which the decision of the Chief Medical Officer/Civil surgeon is advised to him/her. If the setting of the Medical Board is decided by the Bank, the candidate will be called upon to a deposit of sum of Rs 500/- for the purpose. If found medically fit by the Board this deposit would be refunded to the candidate or else the amount will be forfeited. The report of the Medical Board is final and will not be subject to review by any other specialist, Panel or Board