

འགོངས་ཤོག་ཡང་ བེ



INSTITUTE FOR SMALL TRADE LEARNING
(A training unit of the Central Tibetan Relief Committee, Dharamshala)

**Affix recent
PP photo
with seal &
sign of Medical
Officer)**

MEDICAL REPORT

(To be filled by the Medical Officer)

Note: Medical Officer refers to modern Allopathic from Department of Health, CTA or any other Medical Officer holding the degree of MBBS or above.

Applicant's Name **(As per RC & in Block letters)** : Mr./Ms.

Name of the skill training applied for:

A) Case History:

Please, tick if he/she had any of the following disease (s):

- | | | | |
|-------------------------------------|---|------------------------------------|---|
| TB <input type="checkbox"/> | Asthma <input type="checkbox"/> | Hepatitis <input type="checkbox"/> | Psychological disorder <input type="checkbox"/> |
| Bronchitis <input type="checkbox"/> | Heart Diseases <input type="checkbox"/> | Epilepsy <input type="checkbox"/> | AIDS <input type="checkbox"/> Diabetes <input type="checkbox"/> |

B) Please describe details of the above disease he/she had: (like when it was started, how long it lasted, when it was cured or undergoing medical treatment etc.)

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I, hereby, certify that I have examined Mr./Ms., and found him/her to be **(Please, tick on the relevant option)** fit / doubtful / unfit to undergo the said skill training.

If found doubtful / unfit, please describe:

Date :

Sign. & Seal of the Medical Officer