

འབྲས་བུ་གྲྭ་ལོ་སྒྲིག་འཛུགས་ལྷན་ཁག་གི་ལྷན་ཁག་



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

MEDICAL REPORT

Affix photo

(attested by the
Medical
Officer)

(To be filled by the Medical Officer)

Note: Medical Officer refers to modern allopathy or traditional doctors under the Department of Health, CTA, or any other medical officer holding the degree of MBBS or above.

Applicant's Name (as per R.C. & 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 Asthma Hepatitis Psychological disorder
Bronchitis Heart Diseases Epilepsy AIDS Diabetes

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

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Date :

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Sign. & Seal of the Medical Officer