Name of Hospital (District Headquarter Hospital or Services Hospital, Lahore or Police Hospitals)

(----------)

Physical Measurement Certificate

No._____/_____/

Dated._____

Post Applied for _____

Mr. /Ms. /Mrs._____

S/O, D/O, /W/O_____

Age. Years_____Months_____Days_____

Gender _____

Identification Mark_____

Domicile _____

CNIC_____

Passport Size Picture with Blue or White background Stamp & Cross signature by Medical Superintendent

Physical Standards:

Height_____

Chest Unexpanded _____

Chest Expanded _____

Distant Vision _____

Near Vision _____

Note:

i. **Certificate tampered with in any of physical measurement requirements/standards shall not be accepted at any cost subsequently.**

ii. **Incomplete Medical Certificate such as without properly mentioning Height, Vision, Chest Expansion, Picture, Signature and Stamp of the MS or any of physical measurement requirements/standards shall not be accepted.**

Requisite Physical Standards as per Rules:-

Height

Male 5'7'' (170.18cm)
Female 5'2'' (157.48cm)

Chest

33' x 34 1/2" (only for male)

Visual standards: Distant Vision =6/9 in both eyes with or without glass & Near Vision/Not less than J1 for both Male & Female candidates.

(To be signed and stamped by Authorized Medical Superintendent of Government (DHQ) Hospital).