**ANNEXURE-III**

 **SUMMARY OF MEDICAL REPORT**

|  |  |  |
| --- | --- | --- |
| **1.** | **Name and Designation as per ID card** |  |
| **2.**  | **Age** |  |
| **3.**  | **Gender** |  |
| **4.** | **Personal number** |  |
| **5.** | **Overall health of the officer** |  |
| **6.** | **Any other remarks based on the Health Medical Check-up of the officer** |  |
| **7.** | **Health profile grading** |  |

**Date: Signature of Medical Authority**

**Designation**