

FORM NO. 7 (PART- I)

**DECLARATION BY THE PENSIONER FOR
FACILITATING MEDICAL EXAMINATION
BY THE BANK'S MEDICAL OFFICER**

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attested
passport size
photograph

The applicant must complete this statement prior to his examination by the Bank's Medical Officer and must sign the declaration appended thereto in the presence of Bank's Medical Officer.

1. Name in full (in block letters) :
2. Date of birth (as per Bank's service record) :
3. Particulars regarding parents
 - a) Father's age, if living & state of health :
 - b) Father's age at death and cause of death :
 - c) Mother's age, if living & state of health :
 - d) Mother's age at death and cause of death :
4. Have you been considered for grant of invalid Pension?
If so, state the ground thereof :
5. Have you been granted leave on medical certificate during the last three years of your service?
If so, state periods of leave and nature of illness :

6. Have you during the last three years period :
(a) suffered from any major illness requiring hospitalization?
If so, the nature of illness & period of hospitalization may please be indicated; or :
(b) undergone any major surgical operation:
(c) lost or gained weight markedly :
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DECLARATION BY THE APPLICANT

(To be signed in the presence of the Bank's Medical Officer)

I declare all the above answers to be, to the most of my belief, true and correct.

I am fully aware that by willfully making a false statement or concealing a relevant fact, I shall incur the risk of losing the commutation.

Place:

Date:

Applicant's signature or thumb impression in case of illiterate applicant

Signature of Bank's Medical Officer

FORM NO. 7 (PART II)

Medical details of the Pensioner

(To be filled by the examining Medical Officer)

1. Apparent Age :

2. Height :

3. Weight :

4. Describe any scars or identifying marks of the applicant:

5. Pulse rate :

- (a) Sitting
- (b) Standing

What is the character of pulse?

6. Blood Pressure

(a) Systolic

(c) Diastolic

7. Is there any evidence of disease of the main organs? :

- (a) Heart
- (b) Lungs
- (c) Liver
- (d) Spleen
- (e) Kidney

8. Investigations (wherever considered necessary by

the Bank's Medical Officer) :

- (i) Urine (State specific gravity)
- (ii) Blood
- (iii) X-ray Chest
- (iv) E.G.G.

9. Any additional finding :



FORM NO. 7 (PART III)

(Certificate of fitness for payment of Commutation of Pension)

(To be filled by the examining Medical Officer)

I/We have carefully examined Shri/Smt./Kum. _____ and
am/are of opinion that

He/She is in good bodily health and has the prospect of an average duration of life.

OR

He/She is not in good bodily health and is not a fit subject for

OR

Although he/she is suffering from

he/she is considered fit subject for commutation but his/her age for the purpose of
commutation, i.e. the age next birthday should be taken to be _____ (in
words) years more than his/her actual age.

Place :

Date :

Signature and designation of
examining Medical Officer