

## **SWAT EDUCATION DEPARTMENT**

Department of Elementary & Secondary Education, Swat. Govt. of Khyber Pakhtunkhwa.

Tel: 0946-9240209 - 9240228 Web: www.sed.edu.pk Online Portal: www.swateducation.com Email: swateducation@gmail.com

Khyber Pakhtunkhwa Medical Form No. 4

MEDICAL CERTIFICAT	E
Name of Official:	
Father's Name:	Affix your latest attested picture here
CNIC No.:	_
Charge taking on Post: Caste or Race:	Blood Group:
Residence:	
Contact No. (if an	y)
Date of Birth: (in figure)/ (in words)	
Exact Height by measurement: Personal mark of Identific	ation:
Signature of the Official:	Seal & Signature  District Education Officer
Dated:	Swat, KP Pakistan
FOR MEDICAL SUPERINTENDENT OFFICER USA	ONLY
I do hereby certify that I have examined Mr. / Miss.	
a candidate for employment in the office of <b>District Education Departmen</b> he/ she had any disease communicable or other constitutional affect	
I do not consider this as disqualification for employment in th	
Department Swat. His age according to his own statement/documents is about years.	years and by appearance
Remarks (if any):	_
Left Hand Fingers Impressions of official	Medical Superintendent, Saidu Sharif Hospital Mingora, Swat, KP Pakistan