



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 CERTIFICATE

Name of Official: _____

Father's Name: _____

CNIC No.: _____

Affix your latest
attested picture here

Charge taking on Post: _____ Caste or Race: _____ Blood Group: _____

Residence: _____

_____ Contact No. (if any) _____

Date of Birth: (in figure) ____/____/____ (in words) _____

Exact Height by measurement: _____ Personal mark of Identification: _____

Signature of the Official:

Dated: _____

Seal & Signature
ISSUING AUTHORITY
Swat, KP Pakistan

FOR MEDICAL SUPERINTENDENT OFFICER USE ONLY

I do hereby certify that I have examined Mr. / Miss. _____
a candidate for employment in the office of **District Education Department Swat** and cannot discover that
he/ she had any disease communicable or other constitutional affection or bodily infirmity except
_____.

I do not consider this as disqualification for employment in the office of District Education
Department Swat. His age according to his own statement/documents is ____ years and by appearance
about ____ years.

Remarks (if any): _____

Left Hand Fingers Impressions of official

Medical Superintendent,
Saidu Sharif Hospital Mingora,
Swat, KP Pakistan