CONSENT FORM FOR PHYSICAL FITNESS TEST AND MEDICAL TESTS

(Applicable in respect of candidates both above and below 18 years of age)

l,	son/father/guardian of	whose date of
birth is	do hereby give my consent for mys	elf/son/ward to appear
at my/his own risk. I am	edical tests, as prescribed for selection aware that no compensation in any fo lty if any, sustained by myself/my sor	rm shall be claimed, in
16313.		
	Signature	
	Name of candidate/parent/gi	uardian
	Relationship with the candida	ate
	Date:	

Note: Candidates below 18 years of age are to get the consent form signed by their parent/guardian. However, candidates above 18 years of age can sign the consent form themselves.