

MEDICAL CERTIFICATE OF FITNESS

I have examined Shri/Kumari/Smt.son/Daughter/ of
Shri..... agedyears, of
village.....P.O.....P.S.....
Dist.....State.....Pin.....and certify that
he/she is free from deafness, defective vision (including colour vision) or any other
infirmity, mental or physical illness, likely to interfere with the efficiency of his/her
work any found him possessing good health.

This certificate is being given to him/her for the purpose of
.....

Signature of the candidate

(To be signed in presence of the Medical Officer)

Signature of Medical Officer.....

Name of the Medical Officer: Dr.....

Registration No.....

Dated:

Seal: