



Application No.: **FIC0131527**

Department of Medical Health & Family Welfare

Government of Uttar Pradesh

GENERAL FITNESS CERTIFICATE

Dr. RML Hospital, Lucknow

Certificate No. : **CFIC24109914**

Issuance Date : **31/05/2024**

I, Dr **TEST**, in the capacity of **DR** here by certified Mr./Ms./Smt. **ATUL TRIPATHI** Son/Daughter/Wife of **ATUL TRIPATHI** residence of **GOMTI NAGAR, LUCKNOW, UTTAR PRADESH** has found physically fit on the basis of his/her medical tests and reports.

Place : **Lucknow**

Date : **31/05/2024**

Mark of Identification : **NO**

Name of Applicant : **ATUL TRIPATHI**

Signature along with official seal

Chief Medical Superintendent

Dr. RML Hospital

Lucknow