**JIET’X ONE CLINIC**

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**Address**  
**9257159360 | JIET24@gmail.com | www.jiet.com**

**NO OBJECTION CERTIFICATE FOR FITNESS**

**Date:**

This is to certify that **Mr./Ms. …………………………………**, aged **…….. years**, has been medically examined at **JIET’X ONE CLINIC** on **Date : …………………..**.

Based on the physical and clinical examination, it is found that he/she is **medically fit** to undertake **……………………………………………………………………………………………………………………………………………………**. There are no medical conditions at present that would prevent the individual from participating in such activities.

We have **no objection** to the above-mentioned person proceeding with the said activity, provided they continue to maintain good health and report any new symptoms or conditions as they arise.

This certificate is issued upon the individual’s request for official use.

Sincerely,

**Doctor’s Name**

**Qualification**

**Designation**

**Medical Registration Number**

**Signature and Stamp**