

MEDICAL FITNESS CERTIFICATE

(To be completed and signed by a registered MBBS Doctor)

This is to certify that

Shri/Smt./Kumari

S/o, W/o, D/o

Affix current
passport size
photograph

whose signature is given below posses Blood Group and has not suffered from the following disorder or any other major disorder during the past 5 years:

1. Infectious skin diseases
2. Follicle Psoriasis
3. Tuberculosis
4. Trachoma
5. Venereal diseases
6. Epilepsy
7. Leukoderma

I certify that Shri/Smt./Kumari.....
is not suffering from any of the above disease.

.....
Signature of the Candidate

.....
(Medical Practitioner Signature with seal)

Name : Dr.

Registration No. :

Address :

.....