

Place:
Date:

MEDICAL FITNESS CERTIFICATE

This is to certify that I have carefully examined Mr./Ms.
son/daughter of. aged of village
district state Pin code
.....

He/she is in good mental and physical health and is free from any physical
defects such as deafness, colour blindness, and any chronic or contagious diseases.

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

Signature of the Candidate:

Medical Officer's Name:

Registration Number:.....

Signature with Seal:

(Note: A medical certificate issued by a qualified doctor possessing at least an
M.B.B.S Degree, registered with the Medical Council of India is only valid. It will be
valid up to one year from the date of issuance.)