

CERTIFICATE OF MEDICAL FITNESS

(TO BE DEPOSITED AT THE TIME OF JOINING)

To be obtained only from Certified Doctor / Gazetted Government Medical Officer
/ Medical Officer of a government undertaking.

Name.....

Father's Name.....

Blood Group / Anemic (Blood Count).....

Blood Pressure Reading.....

Height:.....Weight:.....

Vision: L.....R:

Any other Remark.....

I certify that I have carefully examined Mr. / Ms.....son /
daughter of Mr.....who has signed in my presence.
She/he has no mental and physical disease and is FIT.

Signature of the candidate

Place:

Date:

Signature of the Doctor
with legible seal