

MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt.
Son / Daughter of Shri aged
..... Years, of Village: P.O.
..... P.S
Dist..... State PIN and certify that, he
/ she is free from deafness, defective vision (including colour vision) or any other
infirmity, mental or physical, likely to interfere with the efficiency of his / her work and
found him / her possessing good health.

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

Signature of Candidate

(To be signed in presence of the Medical Officer)

Signature of Medical Officer:

Name of Medical Officer: Dr.

Registration No.

Dated:

Seal

Note: Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with Medical Council of India, shall only be valid. The date of issue of the medical certificate should be within **one year** from the date of application.