



Medical Certificate

Hospital / Clinic Name Here

To be obtained only from Gazette Government Medical Officer/ Medical Officer of a Government undertaking. Please note that this certificate in no other form will be accepted. Medical Certificates issued by Private Medical Practitioners will not be accepted.

Name:

Father's Name:

Height:

Weight:

Chest:

Vision: L't _____ R't _____

Color Vision: _____ Hearing _____

Hernia/ Hydrocele / Piles _____

Any Communicable or Other Disease _____

I certify that I have carefully examined Sh. / Km/ Smt _____

Son/Daughter of Sh _____, who has signed
in my presence. He / She has no mental and physical disease and is FIT.

Signature of Candidate: _____