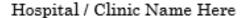
Medical Certificate





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

Name:
Father's Name:
Height:
Weight:
Chest:
Vision: L'tR'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:

