## **CERTIFICATE OF MEDICAL FITNESS**

(TO BE DEPOSITED A T THE TIME OF JOINING)

To be obtained only from Gazetted Government Medical officer/Medical Officer of a Government Undertaking. (Please note that in no other form this certificate will be accepted. Medical Certificates issued by private medical practitioners will not be accepted.)

Date :	with legible seal.
Station :	Signature of the Medical Officer
Signature of the candidate	
and physical disease and is FIT.	
	son/daughter of Mr. to has signed in my presence. He/she has no mental
Any other Remarks :	
3	
2	
1	
List of prescribed medication, If any	
Allergies, if any	
Any other disease diagnosed in past:	
Hernia/Hydrocele/Piles :	
Hearing:	
Colour Vision :	
Heart and Lungs :	
Chest:	
Height:	Weight
Blood group/Anemic (Blood Count)	
Father's Name :	
(in Block Letters)	
Name	