



DARJEELING POLYTECHNIC INSTITUTE

CERTIFICATE OF MEDICAL FITNESS

Name (in Block Letters):

Father's Name (in Block Letters):

Height: Weight:

Chest: Heart & Lungs:

Vision: L: R:

Colour Vision: Hearing:

Hernia / Hydrocele / Piles:

Remarks:

I certify that I have carefully examined Sri / Smt.
....., son / daughter of Sri
who has signed in my presence. He / She has no mental and physical disease and is fit.

.....
Signature of the Candidate

.....
Signature of the Medical Officer /

Place:

Practitioner (with legible seal)

Date:

Registration No.: