

MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt.
Son/Daughter of Shri.....aged
.....Years, and certify that, he / she is free from deafness, defective
vision (including colour vision) or any other infirmity, mental or physical, likely to
interferewith 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.