

MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt. Son /
Daughter of Shri aged years, of Village :
..... P.O. State Pin
..... and certify that, he / she is free from deafness, defective vision (including colour
vision) or any other infirmity, mental or physical, likely to interfere with 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. The date of issue of the medical certificate should be within one year from the date of application.