**MEDICAL FITNESS CERTIFICATE**

(To be signed by a registered medical practitioner holding a Medical degree)

Passport Size Photo

I certify that I have carefully examined Mr./Ms\*. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/daughter of Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects which may interfere with his/her studies including the active outdoor duties required of a professional.

Marks of Identification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place:

Date:

Name & Signature of the Medical Officer
with Seal & Registration Number.

\*Strike whichever is not applicable.