**MEDICAL FITNESS CERTIFICATE**

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

This is to certify that Mr./Ms\*. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/daughter of Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of aged \_\_\_\_\_\_\_\_. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects such a deafness, colour blindness, and any chronic or contagious diseases.

This certificate is being issued for the purpose of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

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

Place:

Date:

Name & Signature of the Medical Officer

with Seal & Registration Number.

\*Strike whichever is not applicable.