PLACE:

DATE:

**CERTIFICATE OF MEDICAL FITNESS**

I, Dr …………………………………… do here certify that I have carefully examined Mr./Ms. …………………………. son/daughter of ................................. age ................. whose signature is given below, is fit both physically and mentally for duties in government/private organization. I further certify that before arriving this decision, I carefully reviewed his previous medical status.

Signature of the Applicant: ....................................

Name & signature of the Medical Officer
with seal and registration number.