**MEDICAL FITNESS CERTIFICATE**

(To be signed by CMO or equivalent Doctor from Govt. / District Hospital)

I certify that I have carefully examined Mr./Ms. …………..…………..…………......

Son/ Daughter of Sri.…………..…………..…………..…………..  Whose signature is given below.

Based on the examination, I certify that he/she is in good mental and physical health and is from any physical defects which may interfere with his/her studies including the active outdoor duties required of a professional.

Blood Group …………..…………..…………..…………..

Identification Marks …………..…………..…………..…………..

Signature of the Candidate …………..…………..…………..…………..

Name of the Medical Officer …………..…………..…………..…………..

Registration Number …………..…………..…………..…………..

Medical Officer’s Signature …………..…………..…………..…………..

Place:

Date: SEAL