**MEDICAL FITNESS CERTIFICATE**

This is to certify that Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Son/Daughter of
Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residing  at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health including normal eyesight, and free from physical defects.

Place:

Date:

Name & signature of the Medical Officer

With seal and registration number