

CERTIFICATE OF MEDICAL FITNESS

To be Obtained only from a Gazette Government Medical Officer /Medical of a Government Undertaking.

Please note that this certificate in no other form will be accepted. Medical Certificates issued by private medical practioners will not be accepted (please refer to prescribed standards given overleaf)

Name (in Block Letters):-----

Father's Name: -----

Height: -----Weight: -----

Blood Group & Rh. Factor:-----Chest: -----

Heart & Lungs: -----

Visions: L: ----- R:-----

Colour Vision: -----

Hearing: -----

Hernia/Hydrocele/piles: -----

Remarks: -----

I certify that I have carefully examined Sh./Km./Sm.-----son/daughter of Sh. -----
-----, who has signed in my presence He/she has no mental and physical disease and is FIT.

Signature of the candidate

Signature of the Medical officer with legible seal

Station: -----

Date: -----

