

CERTIFICATE OF MEDICAL FITNESS

To be obtained only from Gazetted Government Medical officer/Medical Officer of a Government Undertaking or by the registered private practitioner.

Name.....

(in Block Letters)

Father's Name :

Blood group/Anemic (Blood Count)

Height : Weight

Chest:.....

Heart and Lungs :

Vision : L : R :

Colour Vision :

Hearing :

Hernia/Hydrocele/Piles :

Any other disease diagnosed in past:

Allergies, if any.....

List of prescribed medication, If any.....

1.

2.

3.

Any other Remarks :

I certify that I have carefully examined Mr./Ms.....son/daughter of Mr.
.....who has signed in my presence. He/she has no mental
and physical disease and is FIT.

Signature of the candidate

Place :

Date :

Signature of the Doctor

with legible seal.