

MEDICAL CERTIFICATE OF FITNESS

I have examined Sheri /Kumari /Smt. _____

Son / Daughter of Sheri _____ aged

_____ Years, of village _____ P.O. _____ P.S.

_____ District _____ State _____ Pin Code

_____ are certify that, he/she is free from deafness, defective vision (including colour vision) any other mental or physical , likely to interfere with the efficiency of his/her work and found him / her possessing good health.

This certificate is being to him /her for the purpose of _____.

Signature of Candidate

(To be signed in presence of the Medical Officer)

Paste & Attest
Recent Passport
Size Photograph

Name of Medical Officer: Dr. _____

Registration No. _____

Seal & Signature