

MEDICAL FITNESS CERTIFICATE

I have examined Shri / Smt. / Kumari Son / Wife / Daughter of
Shri / Smt. / Kumari Aged years
R/o – Village PO
Tehsil / Anchal / Via.....
Dist..... State
Pin INDIA.

And certify that; he / she is free from deafness, defective vision (including color blindness) or any other infirmity, mental or physical, likely to interfere with the deficiency of his / her work and found him / her possessing good health .

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

(Signature of Candidates / Patient)

[To be signed in the presence of Medical Officer]

(Signature of Medical Officer)

Name of Medical Officer

Registration No of Medical Officer

Dated:

Seal:

Note:-

1. Medical fitness certificate granted by a qualified medical practitioner holding at **least MBBS** degree and should be **registered with MCI**, shall only be valid.
2. The date of issue of the medical fitness certificate should be within **ninety (90) days** from the date of application.