

CERTIFICATE OF MEDICAL FITNESS

Name (in Block Letters): _____

Father's Name: _____

Height: _____

Weight: _____

Chest: _____

Heart & Lungs: _____

Vision: L: _____ R: _____

Colour Vision: _____

Hearing: _____

Hernia / Hydrocele / Piles: _____

Remarks: _____

I certify that I have carefully examined Sri/Smt. _____ son/daughter of _____ 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 Medical officer/Practitioner
with legible seal

Registration No.: _____