

CERTIFICATE OF MEDICAL FITNESS

[To be obtained only from Gazetted Government Medical Officer / Medical Officer of a Government Undertaking. (Please note that Medical Certificate issued by Private Practitioners will not be accepted)]

Name (In Block Letters)

Parent / Guardian Name

Sex Male / Female

Blood Group (Optional)

Heightcm

Weightkg

Chest: Exp.....cm

Insp..cm

Heart

Lungs

Vision

Hearing

Hernia / Hydrocele / Varicocele/Piles, etc:

Any Other Disease Diagnosed in the Past:

Allergies, if any

Personal Marks of Identification:

1.

2.

I do hereby certify that I have examined Sri/Kum/Smt.....,

A candidateforand whose signature is given below

and that I could not notice that he/she has any disease, constitutional affection, bodily infirmity or

mental unsoundness.His/Her age according to his/her statement is

year and by appearance about years.

Signature of the Candidate

Place

Signature:of the Medical Officer

Date

Name: _____

Office Seal

Designation: _____

Registration No. _____