MEDICAL CERTIFICATE OF FITNESS

I have examined Shri /	Kumari / Smt		
Son / Daughter of	-		
Ye	ars, of Village:		P.O.
	P.S		
Dist	State	PIN	and certify that, he
/ she is free from deal infirmity, mental or phys found him / her possessi	sical, likely to interferev	· -	
This certificate is being o	-	he purpose of	
Signature of Candidate			
(To be signed in presenc	e of the Medical Officer	·)	

Signature of Medical Officer:
Name of Medical Officer: Dr
Registration No.

Dated:

Seal

Note: Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with Medical Council of India, shall only be valid. The date of issue of the medical certificate should be within **one year** from the date of application.