

## MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt. ....  
 Son / Daughter of Shri ..... aged  
 ..... Years, of Village: ..... P.O.  
 ..... P.S .....  
 Dist..... State ..... PIN ..... and certify that, he  
 / she is free from deafness, defective vision (including colour vision) or any other  
 infirmity, mental or physical, likely to interfere with the efficiency 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 Candidate

(To be signed in presence 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.