

CERTIFICATE OF MEDICAL FITNESS

(TO BE DEPOSITED AT THE TIME OF JOINING)

To be obtained from any Govt./Registered Medical Practitioner having MBBS Degree.

Please note that this is the preferred form of certificate to be accepted.

Name.....

(in Block Letters)

Father's Name: Sh.....

Height Weight

Chest

Heart and Lungs

Vision: L R

Colour Vision

Hearing

Hernia/Hydrocele/Piles

Remarks

I certify that I have carefully examined

Mr. /Ms.Son/Daughter of

Shri who has signed in my

presence. He/She has no mental and physical disease and is FIT.

Signature of the Candidate

Station

**Signature of Govt./Registered
Medical Practitioner having
Degree with legible**

MBBS Dated

Seal.