

CERTIFICATE FOR MEDICAL FITNESS

| | | |
|---|------------------------------------|---------------------------|
| 01 | Name (In Block Letters) | |
| 02 | Father's Name | |
| 03 | Height | |
| 04 | Weight: | |
| 05 | Chest | Heart & Lungs |
| 06 | Vision | L R |
| 07 | Color vision |Hearing..... |
| 08 | Hernia/ Hydrocele /Piles | |
| 09 | Any Communication or other Disease | |
| 10 | Remarks | |
| <p>I certify that I have carefully examined Km.....</p> <p>Son of Sh / Smt.Who has signed in my Presence.</p> <p>He has no mental and physical disease and is Fit.</p> | | |
| <p>Signature of the candidate</p> | | |

Station :-

Date :-

Signature
Medical officer with legible seal