

**MEDICAL CERTIFICATE OF FITNESS**

I have examined Shri / Kumari / Smt. \_\_\_\_\_ Son / Daughter of  
Shri \_\_\_\_\_ aged \_\_\_\_\_ Years, Residing at \_\_\_\_\_

\_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_ 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. \_\_\_\_\_

**Date:**

**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.