

## 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. ....

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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.