

CERTIFICATE OF MEDICAL FITNESS
(TO BE DEPOSITED AT THE TIME OF JOINING)

To be obtained by only from Gazetted Government Medical Officer/ Medical officer of a Government undertaking. (Please note that in no other form this certificate will be accepted. Medical certificates issued by private medical practitioners will not be accepted).

Name:.....

(In Block Letters)

Father's name:.....

Blood Group/Anemic (Blood Count).....

Height:.....Weight:.....

Chest:.....

Heart and Lungs:.....

Vision:L:.....R:.....

Colour Vision:.....

Hearing:.....

Hernia/Hydrocele/Piles:.....

Any other disease diagnosed in past:.....

Allergies, if any:.....

List of prescribed medication, if any.....

1.

2.

3.

Any other Remarks :.....

I certify that I have carefully examined Mr./Ms.

Son/daughter of Mr. who has signed in my presence. He/she has no mental and physical disease and is FIT.

Signature of the candidate

Place:.....

Date :.....

Signature of the Medical Officer
with legible seal