

CERTIFICATE OF MEDICAL FITNESS

(TO BE DEPOSITED AT THE TIME OF JOINING)

To be obtained only from Gazette 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

Station:

Date:.....

Signature of the Medical Officer

with legible seal.