## **MEDICAL CERTIFICATE OF FITNESS**

I have examined Shri / Kumari / Smt	
Son / Daughter of Shri	aged
Years, of Village:	P.O.
P.S	
Dist	and certify that, he colour vision) or any other
This certificate is being given to him /her for the purpose	of
Signature of Candidate	
Signature of Candidate	
(To be signed in presence of the Medical Officer)	
Signature of Medical Officer:	
Name of Medical Officer: Dr	
Registration No	
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.