

MEDICAL FITNESS CERTIFICATE

I certify that I have carefully examined Sh./Km.....

Son/daughter of Shri

His/her age is about

His Chest Measurement is

Unexpanded.....cm

Expanded.....cm

His/her eyesight is upto the prescribed standards.

Details of glasses, (if worn)..... He/she

has no disease or mental or bodily infirmity unfitting or likely to unfit him/her in the future for active outdoor service.

Marks of identification

Thumb impression

Dated.....

Paste Passport size
photograph first
with gum and then
get attested by
M.O.conducting
medical test.

(Signature of Gazetted Medical Officer)

Official Seal

Signature of the Candidate