

**Date:** ...../...../.....

**Place:** .....

## **MEDICAL FITNESS CERTIFICATE**

This is to certify that I have carefully examined Mr./Ms. ....

Son/Daughter of .....aged.....of

Village ..... District ..... State .....

Pin code .....

He/she is in good mental and physical health and is free from any chronic or contagious diseases.

Signature of the Candidate: .....

Medical Officer's Name: .....

Registration Number: .....

Signature with Seal: .....