

CERTIFICATE OF PHYSICAL FITNESS

CERTIFIED that I have medically examined Shri/Miss _____ whose specimen signature is attested below and found that the applicant's eye-sight is good, that his/her physical constitution is sound and that he/she has no bodily disease or mental infirmity unfitting him/her now or likely to incapacitate him/her in the future for mental/physical work in the workshop or active outdoor service.

Place :

Date :

Signature of the Registered
Medical Practitioner
with Seal & Regn. No.

Signature of the candidate

ATTESTED BY:

Signature of the Registered Medical Practitioner
with Seal & Regn. No.