

CERTIFICATE OF PHYSICAL/MEDICAL FITNESS

(TO BE DEPOSITED AT THE TIME OF JOINING)

To be obtained only from Gazetted Government Civil Surgeon/Assistant Surgeon/Medical Officer of any Government Hospital. ***Physical/Medical Fitness Certificates issued by Private Medical Practitioners will not be accepted.*** (Please note that no other certificate other than this format will 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: _____

Hernial/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 Civil Surgeon
/Assistant Civil Surgeon /
Medical Officer with seal