

MEDICAL FITNESS CERTIFICATE

I certify that I have carefully examined Sh./Km
son/daughter of Shri

His/Her age is about

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His Chest Measurement is

Unexpanded.. cm

Expanded.. cm

His/her eyesight is up to 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