

MEDICAL FITNESS CERTIFICATE

I certify that I have carefully examined Ms.....

S/o Sh.....

Her age is about

Her eyesight is up to the prescribed standards.

Details of glasses, (if worn)..... She has no disease or mental or bodily infirmity unfitting or likely to unfit her in the future for active outdoor service.

Marks of Identification

Thumb impression

Date.....



(Signature of Gazetted Medical Officer)
official seal

Signature of the Candidate