MEDICAL CERTIFICATE OF FITNESS

have examined Shri / Kumari / Smt	ged P.O.
Dist	he ther
his certificate is being given to him /her for the purpose of	
ignature of Candidate	
To be signed in presence of the Medical Officer)	
Signature of Medical Officer:	.
Name of Medical Officer: Dr	.
Registration No.	
Pated: Seal	

Note: Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with Medical Council of India, shall only be valid. The date of issue of the medical certificate should be within **one year** from the date of application.