

MEDICAL FITNESS CERTIFICATE

I certify that I have carefully examined Sh./Km.....

son/daughter of Shri

His/Her age is about

His Chest Measurement is

Unexpanded.....cm

Expanded.....cm

His/her eyesight is upto 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.....

(Signature of Gazetted Medical Officer)

Official Seal

Paste Passport size
photograph first with
gum and then get
attested by M.O.
conducting medical
test.

Signature of the candidate