

**Certificate of Medical Fitness
(TO BE DEPOSITED AT THE TIME OF JOINING)**

To be obtained only from gazetted Government Medical officer/Medical Officer of a Government Undertaking. Please note that in no other form this certificate will be accepted. Medical Certificates issued by private medical practitioners will not be accepted. (Please refer to prescribed standards given overleaf)

Name.....
(in block letters)
Father's Name: Sh
Height:Weight:
Chest:
Heart and Lungs:
Vision: L :R:.....
Color Vision:
Hearing:
Hernia/Hydrocele/Piles :.....
Remarks:

I certify that have carefully examined
Mr./Ms.....son/daughter of
Shri.....who has signed in my presence. He/She
has no mental and physical diseases and is FIT.

Signature of the candidate

Station:.....

Signature of the Medical Officer

Date:.....

with legible seal.