

To be issued by Government Medical Officer / Practitioner only



**CERTIFICATE OF MEDICAL FITNESS**

I Certify that:

I have personally examined the applicant, Mr. /Ms. \_\_\_\_\_  
\_\_\_\_\_

and certify that he / she is free from any infirmity, mental or physical and found him / her possessing good health.

\* While examining the applicant, I have directed special attention to his / her condition of the arms, legs, hands and joint of both extremities of the applicant and therefore, I certify that to the best of my judgement:

(a) He / She is medically fit to undertake Physical Fitness Test.

(b) He / She is not medically fit to undertake Physical Fitness Test for the following reasons:

\_\_\_\_\_

Strike out which is inapplicable

Seal and Signature

Name and designation of the Medical  
Officer /  
Practitioner.....

.....

Registration Number of Medical Officer

Date: \_\_\_\_\_

Signature of the Candidate