
**PROFORMA
FOR
CERTIFICATE OF MEDICAL FITNESS**

(To be submitted at the time of admission. Certificate in any other form shall not be accepted)

To be obtained only from Registered Medical Officer / Medical Officer of a Government Undertaking.

Name.....

(In Block Letters)

Father's Name : Mr.....

Gender: Male Female

Age:.....

Height:..... Weight.....

Remarks (if any):.....

Signature of the candidate

Station :.....

Date : / /

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

Son / Daughter of Mr.....

In my presence.

He / She has no mental and physical disease and is FIT.

Signature of the Medical Officer with legible seal.

(WITH NAME AND REGISTRATION NUMBER)