

# CERTIFICATE OF MEDICAL FITNESS

He/she has the following physical standards.

1. Application Form No. : .....
2. Name of the Candidate : .....
3. Father's Name : .....
4. Mother's Name : .....
5. Sex : (Male/Female)
6. Height : .....
7. Weight : .....
8. Identification Mark : .....
9. Chest Measurement : .....
10. Heart and Lungs : .....
11. Vision : .....
12. Colour Blindness : .....
13. Hearing : .....

***PHOTO  
(To be attested  
by the Doctor  
signing the  
Certificate)***

Certified that the candidate possesses the medical standards given below and is medically fit for this profession. He is free from evidence of any contagious or infectious disease & vision in both eyes.

Place: .....

Date:  
.....

Signature & Designation with seal of the  
Authorised Medical Officer

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