

**MEDICAL FITNESS CERTIFICATE**

*(To be signed by a registered medical practitioner holding a Medical Degree)*

I certify that I have carefully examined Mr./Ms.\* \_\_\_\_\_  
son/daughter of Shri \_\_\_\_\_ whose  
signature is given below. Based on the examination, I certify that he/she is in good mental and  
physical health and is free from any physical defects which may interfere with his/her studies  
including the active outdoor duties required of a professional.

Marks of Identification \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Place:

Date:

\_\_\_\_\_  
Name & signature of the Medical Officer with seal and registration number

*\* Strike whichever is not applicable.*