



FORMAT OF MEDICAL FITNESS CERTIFICATE

I, certify that I have carefully examined Sh./Km..... son/daughter of
ShriHis/Her age is
about

Chest Measurement (Only for Boys)

Unexpandedcm

Expanded cm

His/her eyesight is upto the prescribed standards.

Details of glasses, (if worn)

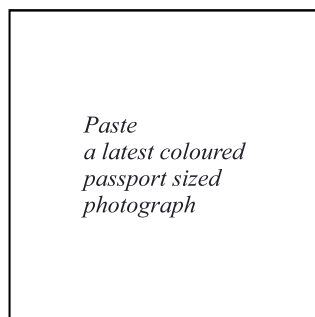
He/She has no disease or mental or bodily infirmity unfitting or likely to unfit him/her in the future for active outdoor service.

Marks of identification

Thumb impression

Dated

(Signature of Gazetted Medical Officer)



Official Seal

Signature of Candidate