Annexure-I

CERTIFICATE OF MEDICAL FITNESS

(TO BE DEPOSITED AT THE TIME OF JOINING)

To be obtained only from Gazetted Government Medical officer or Medical Officer of a Government Undertaking. (Please note that in no other form this certificate will be accepted. Medical Certificates issued by private medical practitioners will not be accepted.

Students Name
(In Block Letters)

Father's Name

Blood Group/ Anemic (Blood Count) Height Weight Chest Vision (L) (R)

Colour Vision : _____

Heart and Lungs: _____

Hearing: _____

Speech : _____

Hearnia/Hydrocele/Piles: _____

Any other disease diagnosed in past: _____

Allergies, if any: _____

List of prescribed medication, if any

1. _____
2. _____
3. _____

Any other Remarks: _____

I certify that I have carefully examined Mr./Ms _____ son/daughter of Mr./Mrs. _____ whose photograph attested by me is fixed here in this certificate. He/she has no mental and physical disease and is FIT.

Signature of the candidate

Station: _____

Date : _____

Signature of the Medical Officer with legible seal