FORMAT OF MEDICAL FITNESS CERTIFICATE

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

His Chest Measurement is

Unexpanded ...............................................................cm

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)

Paste a latest coloured passport sized photograph

Signature of Candidate

Official Seal