

**CERTIFICATE OF MEDICAL FITNESS
(TO BE DEPOSITED AT THE TIME OF PHYSICAL ENDURANCE TEST)**

To be obtained only from Gazetted Government Medical Officer/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.)

Name: (in Block Letters)

Father's Name:

Blood group / Anaemic (Blood Count) :

Height:.....**Weight:**.....

Chest:.....

Heart and Lungs:.....

Vision: L:..... **R:**.....

Colour Vision:.....

Hearing:.....

Hernia/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. who has signed in my presence.

He/She has no mental and physical disease and is considered FIT for the Physical Endurance Test.

Signature of the Candidate:

Station:

Date:

Signature of the Medical Officer

(With legible seal)