

CERTIFICATE OF PHYSICAL FITNESS BY A SINGLE MEDICAL OFFICER

1. Name (in Block Letters): -----

2. Father's Name: -----

3. Age: ----- years

4. Height: ----- Kg

5. Weight: -----Kg

6. Chest Measurements:

a. On Full Inspiration : -----Centimeters

b. On Full Expiration :-----Centimeters

c) Different (Expansion): -----Centimeters

7. Acuteness of Vision:

a. Right Eye:

b. Left Eye:

8. Color Vision: -----

9. Personal Mark (at least two should be mentioned):

a.

b.

I Certify that I have carefully examined Sri/Smt -----

Son/Daughter of Sri ----- Who has signed in my presence. He/ She has no mental and physical disease and is fit.

Signature of the Candidate

Place:

Signature of Medical Officer with legible seal

Date:

Registration No: -----