ANNEXURE –XIV

CERTIFICATE OF MEDICAL FITNESS

(TO BE DEPOSITED AT THE TIME OF JOINING)

To be obtained from any Govt./ Registered Medical Practitioner having MBBS Degree. Please note that in no other form this certificate will be accepted.

(Please refer to prescribed standards given overleaf)

Name.....

(In Block Letters)

Father's Name: Sh.....

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

Chest: .....

Heart and Lungs: .....

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

Colour Vision: .....

Hearing: .....

Hernia/Hydrocele/Piles: .....

Remarks: .....

I certify that I have carefully examined

Mr. /Ms..... Son/daughter of Shri

..... who has signed in my presence. He/ she has no mental and physical disease and is FIT.

Signature of the Candidate

Station: .....

Signature of Govt./ Registered Medical Practitioner having Degree with legible seal.

MBBS Dated……