

CERTIFICATE OF MEDICAL FITNESS

Name (in Block Letters): _____

Father's Name: _____

Height: _____ Weight: _____ Chest: _____

Heart & Lungs: _____

Vision: L: _____ R: _____

Colour Vision: _____

Hearing: _____

Hernia / Hydrocele / Piles: _____

Remarks: _____

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:

Date:

Signature of Medical Officer/Practitioner
with legible seal

Registration No.: _____

Prescribed Medical Standards for Admission

- The candidate should possess good health and physique with sound mind. He/she should not be suffering from any disease, physical or mental infirmity.

Allowable Defects in Eyesight

- The candidates should not be colour blind