

FORM OF MEDICAL CERTIFICATE

I have this day medically examined Sri/Smt.....

(Name and Address).....

.....

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and found that he/she has good physique and is free from physical deformity and diseases of any description.

Place :

Signature:

Date :

(Name & Designation of the Medical Officer)

(Office Seal)

Note: Certificate should be one issued by a Medical Officer in Govt. Service not below the rank of Junior Consultant.