

**FITNESS CERTIFICATE**

I .....

Regd. medical Practitioner do hereby certify that I have carefully examined .....

.....

(Name & Address of the Candidate ) and find that he has recovered from his illness and is now fit to participate in the Physical Efficiency Test for the post of Police Constable (APB) (Cat. No. 530/2019) in Police Department (KAP IV).

Signature

Name & Designation of the Medical officer

Place :

Date :

(Office Seal)