

CERTIFICATE OF PHYSICAL FITNESS BY

A single Medical Officer
The Civil Medical Board

I/We do hereby certify that I/We have examined Sri/Smt..... a candidate for employment in the Department and could not discover that he/she has any disease, constitutional affection or bodily infirmity except

I/We do not consider this disqualification for employment in the office of

His/Her age according to his/her own statement is years and by appearance aboutyears. He/She has mark of small pox vaccination.

Personal marks of Identification*

- 1)
- 2)

Name : President

Reg. No. :

Rank : Members

Designation :

Station :

Date :

*This should be filled in with great care after examinations