MEDICAL FITNESS CERTIFICATE FOR STUDENTS

It is certified that I have carefully examined Mr./Ms./Mrs.....
S/o D/o W/o.....

1. His/Her health measurements are :-

a) Height.....cms.
b) Weight.....kgm

2. Vision Test :-

a) Normal Eyesight L.....R.....
b) With Glass L..... R.....

3. Blood Test :-

Blood Group.....

4. Age.....

He/She has no infectious disease or mental or bodily infirmity unfitting or likely to unfit his/her in the future for active outdoor service or proves harmful for campus environment.

I find him/her fit to take part in all activities of coll

5. Special Remarks (if any):-

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Marks of identification :-

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Thumb Impression :-

Date :-.....

Please paste a recent passport size photograph

Signature of Candidate

Signature of Parents/Guardian

(Signature of Gazetted Medical Officer)
OFFICE SEAL