

SPECIMEN OF MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt.

Son / Daughter of Shri aged

..... Years, of Village P.O.

..... P.S P.O.

Dist..... State PIN and certify that

he/she is free from deafness, defective vision (including colour vision), or any other

infirmity, mental or physical, likely to interfere with the efficiency of his / her work and

found him / her possessing good health. He/ She is medically fit to take admission in the

course ANM/GNM.

Signature of Candidate

(To be signed in the presence of the Medical Supdt./Incharge)

Passport size photo duly
attested by Medical
Supdt./Incharge

Signature of Medical Supdt./Incharge:

Name of Medical Supdt./Incharge:

Stamp of Medical Supdt./Incharge:

Dated: