MEDICAL FITNESS CERTIFICATE

SADAR HOSPITAL ,RANCHI

Name :- .....

Age :- ..... Sex :- Male ☐ Female ☐

Father's Name :- .....

Address :- .....

.....

GENERAL EXAMINATION

Height :- ..... Weight :- .....

Eye :- ..... Ear :- .....

Blood Group :- ..... Chest :- .....

Pulse :- ..... B.P. :- .....

I certify that I have carefully examined

Mr / Mrs .....

S/o, D/o ..... Who

Signed is my presence. He/She has no mental and physical disability and is fit.

Signature of Candidate	Signature of Medical officer