

ANNEXURE- F
CERTIFICATE OF MEDICAL FITNESS
(TO BE DEPOSITED AT THE TIME OF PHYSICAL ENDURANCE TEST)

To be obtained only from Gazetted Government Medical Officer/Medical Officer of a Government Undertaking. (Please note that in no other form this certificate will be accepted. Medical Certificates issued by Private Medical Practitioners will not be accepted.)

Name:

(in Block Letters)

Father's Name:

Blood Group/Anaemic (Blood Count):

Height:.....**Weight:**.....

Chest:.....

Heart and Lungs:.....

Vision: L:..... **R:**.....

Colour Vision:.....

Hearing:

Hernia/Hydrocele/Piles :

Any other disease diagnosed in past:.....

Allergies, if any:

List of prescribed medication, if any.....

1

2

3

Any other remarks:

I certify that I have carefully examined Mr/ Ms.
Son/daughter of Mr. who has signed in my presence.
He/She has no mental and physical disease and is considered FIT for the Physical Endurance Test.

Signature of the Candidate

Station:

Date :

Signature of the Medical Officer
(with legible seal)