

MEDICAL FITNESS CERTIFICATE

I certify that I have carefully examined Mr./Mrs. _____
son/daughter of Shri _____ whose
signature is given below. Based on the examination, I certify that he/she is in
good mental and physical health and is free from any physical defects which may
interfere with his/her activities while performing practical lessons during the
course.

Marks of Identification _____

Signature of the Candidate

Name & Signature of the medical officer
with seal & registration number

Place: _____

Date: _____