

SPECIMEN OF MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt.

Son / Daughter of Shri.....aged

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

..... P.S

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 Officer)

Passport size photo duly
attested by Medical
Officer

Signature of Medical Officer:

Name of Medical Officer: Dr.

State Medical Council Registration No.

Name of State Medical Council

Dated:

Seal

Note: Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with State Medical Council, shall only be valid.