

FORM –III

MEDICAL FITNESS CERTIFICATE

1. Name :
2. Father's Name :
3. Age :
4. Present address :

5. Height :
6. Marks of identification :

7. Signature / Thumb impression :
8. X-ray report :
9. Stool and Urine report :
10. Whether immunized against Cholera,
Small pox and Typhoid With date :

Date:

MEDICAL OFFICER

Place: