

# CERTIFICATE OF PHYSICAL FITNESS BY

a single Medical Officer  
the Civil Medical Board

I/We do hereby certify that I/We have examined Sri/Smt. .... a candidate for employment in the ..... Department and could not discover that he has any disease, constitutional affection or bodily infirmity except .....

I/We do not consider this disqualification for employment in the office of .....

His/Her age according to his/her own statement is ..... years and by appearance about ..... years. He/She has mark of small pox vaccination.

## Personal marks of Identification\*

- 1) .....
- 2) .....

Name :

Reg. No :

Rank :

Designation :

President

Members

Station :

Date :

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\* This should be filled in with great care after examination