

# 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 : President  
Rank :  
Designation : Members  
Station :  
Date :

---

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