

**PHYSICAL FITNESS & HEALTH CERTIFICATE**

**I/we hereby certify that I/We examined**

**Sri/Smt./Kumari .....a**  
**candidate for employment..... course and**  
**cannot discover that he/she has any disease,communicable of otherwise constitutional**  
**affection or bodily infirmly except that his/her weight is an excess below the standard**  
**prescribed except.....**

**I do not consider this a disqualification of the employment or service he/she seeks.**

**I/We also certify that her/she has marks of small-pox or vaccination.**

**His/Her age according to her/his own statement is.....**

**Years and by appearance about ..... years**  
.....

**1.Height ..... Feet ..... inches.....**

**2.Weight ..... kgs.....**

**3.Chest measurements**

**A)On full Inspiration      b)On full expiration      Aducteness of**

**Vision .....**

**Appearance.....**

**Fitness for out doorwork .....**

**Personal Marks of Identification-1) ..... 2)**  
.....

**Place:**

**Date:**

**Signature of Medical Authority**

**Regd.No.**