

MEDICAL CERTIFICATE OF FITNESS

I have examined Kumari
Daughter of Shri/ Smt
aged (Age of Child) Years, of City / Village :.....
P.O Dist..... State
PIN and certify that, she is free from deafness, defective vision
(including color vision) or any other infirmity, mental or physical, likely to hinder or obstruct with
the efficiency of her to work and found her possessing good health.

This certificate is being given to her for the purpose of being physically, mentally and
psychologically fit to be admitted in military school.

Signature of Candidate
(To be signed in presence of the Medical Officer)

Signature of Medical Officer:
Name of Medical Officer: Dr.
Registration No.

Dated:

Seal

Note: Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S.
Degree and registered with Medical Council of India, shall only be valid. The date of issue
of the medical certificate should be within **one year** from the date of application.