

MEDICAL CERTIFICATE

(To be issued by Registered Medical Officer of District of Civil Hospital/CHC)

I hereby certify that I have examined Mr./Ms.....
S/o/Do.....and found to be clinically fit on examination.

Age of Mr/Ms.....according to his/her own statement is
.....Years.....months(s) and by appearance about.....Years .

Height.....

Weight.....

Medical Officer
(Signature with Seal)