

**HEALTH AND AGE CERTIFICATE PHYSICAL FITNESS
CERTIFICATE**

I do hereby certify that I have examined

Sri

/Smt./

Kum. _____

S/o D/o Sri _____

Resident of _____

A candidate of Admission/Employment/Training in the _____

_____ Department and cannot discover that he/she has
already dies and constitutionally, bodily infirmity I do not consider this is a
disqualification for the employment/Training/ Admission in the

Department.

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

_____ Years and by appearance _____ years, and his /her height is

Weight is _____

Chest is _____

- 1) Had an attack of Small pox. }
- 2) Had marks of successful vaccination.}
- 3) He/She will be eligible for employment/}
Admission/Training and revaccination.

IDENTIFICATION MARKS:

1.

2.

SIGNATURE OF MEDICAL OFFICER