

**ANNEXURE (iii)**  
**CERTIFICATE OF MEDICAL FITNESS**  
(TO BE DEPOSITED AT THE TIME OF JOINING)

To be obtained only from Gazetted Government Medical officer/Medical Officer of a Government Undertaking. (Please note that in no other form this certificate will be accepted. Medical Certificates issued by private medical practitioners will not be accepted.)

Name: .....  
(in Block Letters)

Father's Name: .....

Blood group/Anemic (Blood Count): .....

Height: ..... Weight: .....

Chest: .....

Heart and Lungs : .....

Vision : L : ..... R : .....

Colour Vision : .....

Hearing : .....

Hernia/Hydrocele/Piles : .....

Any other disease diagnosed in past: .....

Allergies, if any .....

List of prescribed medication, If any .....

1. ....

2. ....

3. ....

Any other Remarks : .....

I certify that I have carefully examined Mr./Ms. .... son/daughter of

Mr. .... who has signed in my presence. He/she has no mental and physical disease and is FIT.

**Signature of the candidate**

**Station :** .....

**Date :** .....

**Signature of the Medical Officer**

**with legible seal**