MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt. SAYENDU. K.S.
Son / Daughter of Shri SATHEESAN. K.V aged
17. Years, of Village: Puthur. P.O.
Marottichal P.S
Dist. Thrissur State Kerala PIN 680014. and certify that, he / she is free from deafness, defective vision (including colour vision) or any other infirmity, mental or physical, likely to interferewith the efficiency of his / her work and found him / her possessing good health.

This certificate is being given to him /her for the purpose of Academic joining.

Signature of Candidate

(To be signed in presence of the Medical Officer)

KUNNAPPILLY FAMILY HEALTH CENTRE MALOOR P.O. 680311

Signature of Medical Officer:

Name of Medical Officer: Dr. DR. ESTHER. MJ.

Registration No.

DR. ESTHER M J
MBBS,DFM [FAMILY MEDICINE]
FAMILY PHYSICIAN
TCMC: 55328

Seal

Dated: 15th July 2025.

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.