MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt. SHRADHA S
~~Son~~ / Daughter of Shri SREEDEVI P.S aged 19 Years, of Village: EDAVILANGU P.O. KARA P.S KODUNGALLUR Dist. THRISSUR State KERALA PIN 680671 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 joining professional course.

Signature of Candidate

(To be signed in presence of the Medical Officer)

Signature of Medical Officer:

Name of Medical Officer: Dr. SANGEETHA P.G

Registration No. 42794

Dr. SANGEETHA P.G
ASSISTANT SURGEON

MEDICAL OFFICER IN CHARGE
FAMILY HEALTH CENTRE
KOOLIMUTTOM

Dated: 20/8/2025.

Seal

FAMILY HEALTH CENTRE
KOOLIMUTTOM

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.