

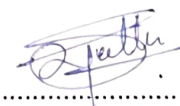
## MEDICAL CERTIFICATE OF FITNESS

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 interfere with 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.....

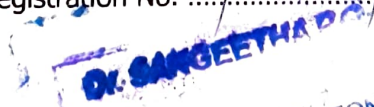
  
Signature of Candidate

(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



**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.