MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt. .....Devadas.....
Son / Daughter of Shri .....Sadanandan..... aged
.....19..... Years, of Village: .....Muthalamada..... P.O.
.....Muthalamada..... P.S .....Vadakkanchery.....
Dist.....Palakkad..... State .....Kerala..... PIN .....678682..... 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 .....Employment.....
.....

Signature of Candidate

(To be signed in presence of the Medical Officer)

Signature of Medical Officer: .....

Name of Medical Officer: Dr. ..... Dr. ARUN RAJ. C.R. Medical Officer Family Health Centre Muthalamada

Registration No. ...22297.....

Dated: 11.8.21

Seal

FAMILY HEALTH CENTRE * KERALA * MUTHALAMADA, PALAKKAD

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.