

MEDICAL FITNESS CERTIFICATE

NAME AND SIGNATURE OF THE APPLICANT

I, _____

Civil Surgeon/ Official Medical attendant of _____

_____ do hereby certify that

I have carefully examined _____

of the Department _____

whose signature is given below and find that he/she has recovered from the illness and is fit to resume

duties with effect from _____

Date: _____

Civil Surgeon or Official

Place: _____

Medical attendant