

**MEDICAL FITNESS CERTIFICATE**  
(FOR GOVT SERVICE / NON GOVT SERVICE)

1. I, do certify that have examined No \_\_\_\_\_ Rank \_\_\_\_\_  
Name \_\_\_\_\_ S/O, D/O, W/o \_\_\_\_\_  
a candidate for employment as (Name of Post) \_\_\_\_\_ has been  
medically examined and found to be physically & mentally fit to perform his/ her  
duties in ECHS Polyclinic.

2. His/ her age as on 01 Apr (upcoming year) is \_\_\_\_\_ years as per date of birth  
\_\_\_\_\_ records in the documents.

**Signature of Candidate**

**Sig of MO with Stamp \_\_\_\_\_**

Place :

Date :

**COUNTERSIGNATURE OF SEMO / CMO**

Place :

Dated :