

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 :