

Medical Certificate

I certify that I have carefully examined Mr. / Ms.

Son/Daughter of Sh. His / Her age is Residence of
.....

His/Her Height is: Ft. Inches.

His/Her Weight is:Kg.

His/Her Eye Sight is up to the prescribed standards: YES/NO

Details of Glasses if worn:

He/She is physically fit /Handicapped:

Last Menstrual Period occurred:

Hemoglobin:

Blood Pressure:

Temperature:

Pulse:

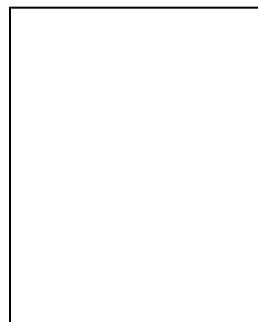
Respiration:

Skin Color:

Identification Mark:

Thumb Impression:

Dated:



Official Seal

Signature of Medical Officer