

**FORM –III**  
**MEDICAL FITNESS CERTIFICATE**

1. Name :
2. Father's Name :
3. Age :
4. Present address :
  
5. Height :
6. Marks of identification :
  
7. Signature / Thumb impression :
8. X-ray report :
9. Stool and Urine report :
10. Whether immunized against Cholera,  
Small pox and Typhoid With date :

Date:

**MEDICAL OFFICER**

Place: