Annexure V

CERTIFICATE OF MEDICAL FITNESS TO UNDERGO PHYSICAL TESTS

(Certificate to be issued not before 07 days of the date fixed for physical test)

This is to confirm that I have medically examined No……………….. Ex/servicing soldier Rank…………………………Name…………………………………..S/o…………………………………..r/o…………………………………………..having date of birth…………………………………..

It is hereby certified that the individual is medically fit to undergo following competitive physical tests:-

      a. 2.4 Km run

      b. 5 Mtr Shuttle

      c. Push ups

      d. Sit ups

Date :

Place:

Name:

Designation:

Name of Hospital/Institution:

Office Seal: