

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: