

## MEDICAL CERTIFICATE OF FITNESS



I have examined Shri/ Kumari/Smt. ....  
Son/Daughter of Shri....., age .....  
Years, of Village/house number:.....P.O.....  
Distt....., State:....., PIN..... and certify that  
he/she is fit with respect to Visual/Hearing/Mental condition and is not suffering  
from any Communicable disease. He is fit to obtain training on skill developments  
in..... trade.

This Certificate is being given to him/her for the purpose to undergo  
training in industrial environment (i.e. RKVY).

Signature of Candidate

(To be signed in presence of the Medical Officer)

Signature of Medical Officer:.....

Name of Medical Officer: Dr.....

Registration No.....

**Dated:**

**Seal**

**Note:** Medical Certificate granted by a qualified Medical Practitioner holding at least MBBS Degree and registered with Medical Council of India, shall only be valid. The date of issue of the Medical Certificate should be within **One Year** from the date of application.