## **MEDICAL CERTIFICATE**

I, Dr	
Date:Registration No	
FITNESS CERTIFICATE  Signature of Applicant	
(name & designation of whose signature is given and is now fit to resume at this decision, I have ex	Shri/Smt./Ms.  applicant) of the Office of the
Place:	Signature of Government Medical Officer /Civil Surgeon / Staff Surgeon/Authorized Medical Attendant/Registered Medical Practitioneralongwith official seal