

# **SPECIMEN OF MEDICAL CERTIFICATE OF FITNESS**

I have examined Shri / Kumari / Smt. ....

Son / Daughter of Shri ..... aged

..... Years, of Village ..... P.O.

..... P.S .....

Dist..... State ..... PIN ..... and certify that

he/she is free from deafness, defective vision (including colour vision), or any other

infirmity, mental or physical, likely to interfere with the efficiency of his / her work and

found him / her possessing good health. He/ She is medically fit to take admission in the

course ANM/GNM.

Signature of Candidate

(To be signed in the presence of the Medical Supdt./Incharge)

Passport size photo duly  
attested by Medical  
Supdt./Incharge

Signature of Medical Supdt./Incharge: .....

Name of Medical Supdt./Incharge: .....

Stamp of Medical Supdt./Incharge: .....

Dated:

**Note:** Medical Certificate be submitted from Medical Supdt./Incharge of the parent/affiliated hospital of the Nursing Institution.