

MEDICAL CERTIFICATE OF FITNESS

I have examined Shri/Kumari/Smt. _____
Son/daughter of Shri _____ aged _____ Years, Resident
of _____

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.

Mark of identification : _____

(Signature of Candidate) (Impression of left-hand thumb of Candidate)
(To be done in presence of the Medical Officer)

Name of Medical Officer : Dr.

Registration No. : _____

Signature of Medical Officer : _____

Date: ___/___/___

Seal

This certificate is being given to him/her for the purpose of admission in **Gujarat Professional Post Graduate Medical Educational Courses (GPPGMEC)**, Government of Gujarat.

Note : Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. 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.