

MEDICAL CERTIFICATE OF FITNESS



I have examined Shri/ Kumari/Smt., Son/Daughter of Shri....., aged 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 a training on skill developments in trades like Electrician, Machinist, welder and Fitter.

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.