

Medical Fitness Certificate

Affix P.P

Attested by
Medical
Officer

Certified that Mr/Miss/Mrs. _____ S/o D/o W/o _____ Village

_____ P.O. _____ Tehsil _____ Distt _____ Age _____

_____ Regd No _____ Date _____ Eye _____ Both hands Normal. Y / N

Is fit to resume his Professional duty related to the Pharmacy work.

Medical Officer (Government)

Signature with Seal