

FORM `B`

[See Rules 6(a)]

Medical Fitness Certificate

1. Name:
2. Father's Name:
3. Age:
4. Height:
5. Residential Address:
6. Mark of identification:
7. Signature/Thumb impression:
8. X-Ray report ( of cough is of more than two weeks duration):
9. Stool and Urine report:
10. Whether immunized against Cholera and Typhoid with date:

Date:.....

Place:.....

M.B.B.S MEDICAL OFFICER

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