

**ANNEXURE- D**  
**CERTIFICATE OF MEDICAL FITNESS**  
**(TO BE DEPOSITED AT THE TIME OF PHYSICAL ENDURANCE TEST)**

To be obtained only from Gazetted Government Medical Officer/Medical Officer of a Government Undertaking. (Please note that in no other form this certificate will be accepted. Medical Certificates issued by Private Medical Practitioners will not be accepted.)

**Name:** .....

(in Block Letters)

**Father's Name:** .....

**Blood Group/Anaemic (Blood Count):** .....

**Height:**.....**Weight:**.....

**Chest:**.....

**Heart and Lungs:**.....

**Vision: L:**..... **R:**.....

**Colour Vision:**.....

**Hearing:** .....

**Hernia/Hydrocele/Piles :** .....

**Any other disease diagnosed in past:**.....

**Allergies, if any:** .....

**List of prescribed medication, if any**.....

1 .....

2 .....

3.....

**Any other remarks:** .....

**I certify that I have carefully examined Mr/ Ms.** .....

**Son/daughter of Mr.** ..... **who has signed in my presence.**

**He/She has no mental and physical disease and is considered FIT for the Physical Endurance Test.**

**Signature of the Candidate**

**Station:** .....

**Date :** .....

**Signature of the Medical Officer**  
(with legible seal)