

Medical Fitness Certificate

I certify that I have carefully examined Sh./Km.....

son/daughter of Shri.....

Resident of.....

His/Her age is about.....

His/Her Chest Measurement is

Unexpanded.....cm

Expanded.....cm

His/Her eyesight is up to the prescribed standards.

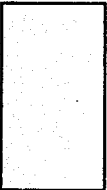
Details of glasses, (if worn)..... He/she has no disease

or mental or bodily infirmity unfitting or likely to unfit him/her in the future for active outdoor service.

Marks of identification.....

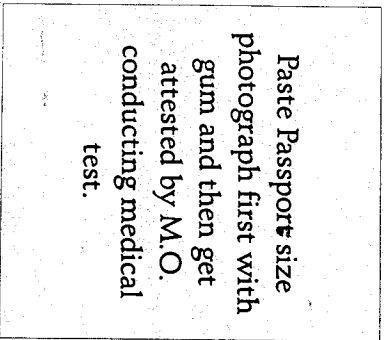
Thumb impression

Dated.....



(Signature of Gazetted Medical Officer)

Official Seal



Signature of the candidate

Undertaking By Candidate For Medical Fitness

I certify that I have no such physical handicap/disability which would hinder the pursuit of studies in the courses in which I am seeking admission. If at later stage it is found that I have a physical handicap/disability which would hinder the pursuit of studies in the courses in which I am seeking admission then my admission will be liable to be cancelled. I will produce medical fitness certificate from a Registered Medical Practitioner before my joining the Institution.

Date: Counter signed by Father/Guardian Signature of the Candidate

Punjab Residence/Domicile Certificate

Certified that Mr/Mrs. (name of person)..... S/o/W/o

Sh..... father/mother/guardian of Mr/Miss

.....(name of the Child/Ward with full address)..... was born in Punjab or has settled * in Punjab or

has resided * in Punjab for a period of 5 years from..... to.....

Signature of Issued Authority

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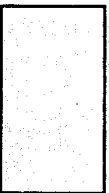
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Marks of identification.....

Thumb impression

Dated.....



(Signature of Gazetted Medical Officer)

Official Seal

Paste Passport size
photograph first with
gum and then get
attested by M.O.
conducting medical
test.

Signature of the candidate

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