

Annexure – I

On official Stationary of the certifying Doctor, with details of registration number, address and phone number

Medical Fitness Certificate

This is to certify that I have examined Shri/Smt/Kumari.....
S/o/D/o/W/o..... and find that he is physically fit on
physical/vision/hearing/mental parameters and is not suffering from communicable
diseases.

He/She is medically fit to work in an industrial environment.

Signature

Doctor's Registration No.

Name of Doctor

Doctor's Mobile No.

Seal