

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 Sh. .... 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**