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medical practitioner  
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Degree) (TO BE  
SUBMITTED AT THE  
TIME OF ADMISSION) I  
certify that I have  
carefully examined  
Mr./Ms.\*

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Son/daughter of Shri  
           whose signature  
is given below.

**Medical Certificate**

at this decision, I have  
examined the original  
medical certificate and  
statement of the case  
(or certified copies  
thereof) on which leave  
was granted or  
extended and have  
taken these into  
consideration in  
arriving at my decision.

Place: Signature of



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filled in by a registered  
medical practitioner  
appointed for the  
purpose by the State  
Government or person  
... Certificate of Medical  
Fitness.

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the original medical certificate(s) and statement(s) of the case (or certified copies thereof on which leave was granted or extended and have taken these into consideration in arriving at my decision.

Place: Civil

Surgeon/Staff Surgeon/

Date : Authorized

Medical Attendant/

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CERTIFICATE OF**

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TO LEAVE**

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Employee

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CERTIFICATE - V A H  
A N**

MEDICAL FITNESS  
CERTIFICATE To whom  
so ever it may concern  
This is to certify that I  
have examined Mr./  
Miss. \_\_\_\_\_ He/ she is  
suffering / not suffering  
from following diseases  
Asthma Diabetes  
Hypertension Fits /

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Convulsions Physical  
Disability Mental  
Disability Allergy &  
have undertaken all  
vaccination.

## **CERTIFICATE OF MEDICAL FITNESS**

Bear in mind that a  
medical certificate  
follows a certain legal  
and medical standards.  
However, the format  
and sections of a  
medical certificate  
template may vary  
depending on the

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jurisdiction of its application, type of physician that issues it, and the purpose of the certificate.

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certificate must be  
from the Medical  
Officer or any rank  
above it from any  
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