

**CERTIFICATE OF PHYSICAL FITNESS**

I, have examined Sh./Km./\_\_\_\_\_

S/o \ D/o \_\_\_\_\_ and certify that his/her physical condition is sound and he/she has no bodily disease or mental infirmity unfitting him / her or likely to incapacitate him/her in the future for manual work in the workshop.

**Date**

**(Signature of Regd. Medical Practitioner)**

**Place**

**Regd. No.**

**Stamp**