



All India Institute of Medical Sciences, Jodhpur
अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर

MEDICAL FITNESS CERTIFICATE

MC _____

Date:

Departmental Record No. _____

I, Dr. _____ do hereby certify that I have carefully examined
Mr./Ms./Master _____ S/o D/o W/o _____
Age/Sex ____/____ resident of _____
having hospital registration number _____ whose
signature is given below. After examination carefully, I certify that he/ she is fit for routine
duties.

Signature of Consultant Incharge with Seal

Signature of the Applicant/Parent/Guardian _____

Countersigned by Medical Superintendent _____