

Medical Fitness Certificate

Affix P.P
Attested by
Medical
Officer

Certified that Mr/Miss/Mrs . _____ S/o D/o W/o _____ Village

_____ P.O. _____ Tehsil _____ Distt _____ Age _____

_____ Regd No _____ Date _____ Eye _____ Both hand Normal. **Y / N**

Is fit to resume his Professional duty related to the of Pharmacy work.

C/s

Chief medical officer

Signature with seal

Medical officer

Signature with seal