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