



# MANAV BHARTI UNIVERSITY

## FORMAT OF MEDICAL FITNESS CERTIFICATE

I, certify that I have carefully examined Sh./Km..... Son /Daughter  
of Shri..... His/Her age  
is about.....

His Chest Measurement is

Unexpanded..... cm

Expanded..... cm

His/her eyesight is upto the prescribed standards.

Details of glasses, (if worn).....

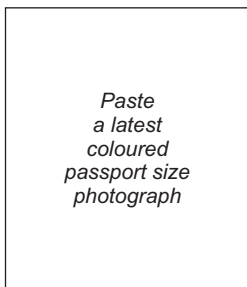
He/She has no disease or mental or bodily infirmity unfitting or likely to unfit him/her in the future for active outdoor  
service.

Marks of identification

Thumb impression

Dated.....

(Signature of Gazetted Medical Officer)



Official Seal

Signature of Candidate