

MEDICAL FITNESS CERTIFICATE

(To be filled in by Registered Medical Practitioner in BLOCK LETTERS)

I certify that I have on this (date).....day of (month), 200..... medically examined the following person:

Name:.....Son/Daughter/Wife of.....
..... and/or student of (institution name).....

Age: Weight: Pulse Rate: Blood Pressure:.....

Blood Test:..... Blood Group:

Note: Applicant shouldn't be suffering from Asthma, Epilepsy or other fits, and any major deformity, hernia and chronic diseases.

In my opinion, Mr/Miss/Mrs..... whose signature is given below is fit to undergo **Discover Ladakh Air Package/NDA12** being organized by Indian Railway Catering and Tourism Corporation Limited, North Zone, Delhi (Date fromto.....) (Duration).....Days.....

Participant's Signature:

House Address:.....

Govt. ID proof type.....ID proof no.

Medical Practitioner's name (in BLOCK LETTERS):

Seal/Stamp:

Medical Practitioner's signature: Registration no.

Address:

Date:

Place:

Note: The medical practitioner should at least be an M.B.B.S. and provide the registration no. of Medical Council of India.