

# MEDICAL FITNESS CERTIFICATE

(To be signed by a Registered Medical Officer not below the Rank of Grade V of Tripura Health Services)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

I certify that I have carefully examined Sri/Smt.....  
S/O, D/O, W/O Sri ..... whose  
signature is given below. Based on my examination, I certify that he/she is in good mental and physical  
health and is free from physical defects which may interfere with his/her studies including the active  
training required of professional.

Mark of identification .....

Signature of Candidate .....

Place.....

Date.....

Name & Signature of the  
Medical Officer with  
Seal and Registration Number

Strike whichever is not applicable