

ANNEXURE IV

CERTIFICATE OF FITNESS

(To be furnished by Medical Practitioners(of concerned disability)
not below the rank of Govt. Surgeon)

I, the undersigned have thoroughly examined Sri/Smt

.....

(name and address), aged and based on the assessment, issue the following
certificate.

Certified that Sri/Smt is fit/unfit to undergo the rigors of the
Programme.

Signature and seal of the
Medical Practitioner of the concerned disability
(Neurologist/ Clinical Psychologist/ Psychiatrist/
Orthopedic surgeon/ Ophthalmologist/ENT Surgeon)

(Office Seal)

Note:- The candidates applying for the programme should be physically fit and have a sound mind. The
Medical Practitioners examining the candidates and issuing certificates may kindly consider these factors.