

**CERTIFICATE OF MEDICAL FITNESS**  
**(For admission to Dental Surgery Course in Haryana)**

To be obtained only from Gazette Government Medical Officer/ Medical Officer of a Government Undertaking. Please note that this certificate in no other form will be accepted. Medical Certificates issued by private medical practitioners will not be accepted.

(Please refer to prescribed standards given overleaf)

Name (in Block letters) : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Chest: \_\_\_\_\_

Heart & Lungs: \_\_\_\_\_

Vision: L: \_\_\_\_\_ R: \_\_\_\_\_

Colour Vision: \_\_\_\_\_

Hearing: \_\_\_\_\_

Hernia/ Hydrocele/ Piles: \_\_\_\_\_

Remarks: \_\_\_\_\_

I certify that I have carefully examined Sh. / Km./ Sm. \_\_\_\_\_

Son / daughter of Sh. \_\_\_\_\_, who has signed in my presence. He/ She has no mental and Physical disease and is FIT.

**Signature of the Candidate**

**Signature of the Medical Officer With legible seal.**

**Station:** \_\_\_\_\_

**Date:** \_\_\_\_\_