

## MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt. ..... Humaid Irfan Kazi  
Son / Daughter of Shri ..... Irfan Nisar Kazi ..... aged  
..... 18 ..... Years, of Village: ..... Shirgaon ..... P.O.  
..... SHIRGAON ..... P.S ..... Shirgaon .....  
Dist..... Ratnagiri ..... State Maharashtra.. PIN ..415612..... and certify that, he  
/ she is free from deafness, defective vision (including colour vision) or any other  
infirmity, mental or physical, likely to interfere with the efficiency of his / her work and  
found him / her possessing good health.

This certificate is being given to him /her for the purpose of ..... Higher education .....  
.....

Signature of Candidate



(To be signed in presence of the Medical Officer)

Signature of Medical Officer: ..... <sup>45-346</sup>.....

Name of Medical Officer: Dr. ..... W. J. Kamble .....  
.....

Registration No. ....201403013).....

वैद्यकीय अधिकारी वग  
सामान्य रुग्णालय, रत्नागिरी  
वैद्यकाय अधिकारी वग  
सामान्य रुग्णालय, रत्नागिरी

Dated: 19/7/2024

Seal

**Note:** Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with Medical Council of India, shall only be valid. The date of issue of the medical certificate should be within one year from the date of application.