

**FORMAT FOR
MEDICAL FITNESS CERTIFICATE**

(To be typed on the letter head of the medical institution/hospital)

I hereby certify that I have examined Mr./Ms. _____
_____ a candidate for employment as
(post) _____ in the Central
University of Jammu. He/She does not suffer from any disease or infirmity
which renders him/his unfit or disqualified for employment in the Central
University of Jammu. His/Her signature are attested as under. His/Her
identification mark is _____.

Signature of the Candidate

**Seal & Signature of Medical Superintendent
Medical Officer/CMO/BMO**

Name:

Date:

Place: