RURAL HOSPITAL NAMPUR

DIST. NASHIK

OPD NO. 1399

DATE 16/12/15

CERTIFICATE OF PHYSICAL FITNESS.

BLOOD GROUP B +ve (positive)
HB 14.5 gm%.

- (By registered medical practitioner this can be submitted after admission.)
- I have examined---------Shankar Shivaram Pardhe----------
  and do hereby certify as under,
  That His/Her eye sight is normal. VA = L 6/6 R 6/6
  That He/She has sound constitution. NAD
  That He/She has no disease, physical deformity or mental infirmity to render Him/Her until now or in future for manual working field or in laboratory. NAD. He/She has

signed in my presence.

Signature of registered medical officer

MEDICAL OFFICER
CLASS-2
RH NAMPUR

- Date 16/12/15
- Place Nampur

Name: Dr. S. S. Bhosale.
Reg. no. 2006/020405

- Signature/LTI of candidate