

Revised form according to Corrigenda No. 28, dated 17th September 1980
To the Karnataka Service Regulations (Act.32)

PHYSICAL FITNESS CERTIFICATE

1. I do hereby certify that I have examined.....
.....a candidate for.....
and that I cannot discover that he/she has any disease, constitutional affection or bodily infirmity except.....
I do not consider this a disqualification for employment in the office of
2. I am also satisfied by personal examination/from certificate produced by that he/she was Vaccinated/revaccinated within one week prior to the date of certificate.
3. is age is according to his/her own statement..... years and by appearance about years.
4. Height:
5. Weight:
6. Chest: measurement on full inspiration. -
7. Acutness of Vision:
 - a) Right Eye
 - b) Left Eye

Station:

Signature

Date:

Designation