

**MEDICAL CERTIFICATE**

This is Certify that I have carefully examined the person whose particulars are furnished below:-

<b>S. No.</b>	<b>Details</b>	<b>Remarks</b>
1.	Name of the person examined	
2.	Father's Name/Spouse Name	
3.	Residential address	
4.	Age and date of birth	
5.	Height	
6.	Weight (in Kgs.)	
7.	Blood pressure(please specified)	
8.	Any other observation	

On the basis of examination, it is certified that the person examined as mentioned above:-

1. has been found to be stable mental condition and not inclined to violence.
2. has been found not dependent on any substance which has an intoxicating or narcotic effect.

**Signature of the person examined *named in column 1*.....**

**Signature of medical practitioner.....**

**Registration Number.....**