**(Specimen – Medical Fitness Certificate)**

**TO WHOM IT MAY CONCERN**

It is certified that Mr. / Miss. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S/D/O :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMS Candidate ID. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident of :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

is Physically, Mentally Fit / Un Fit & maintaining good health. He / She is free from any symptoms of diseases like COVID 19, Hepatitis or any other Communicable / Infectious disease.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual

Dated: \_\_\_\_\_\_\_\_\_\_\_\_

**Medical Officer**

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PM&DC No. \_\_\_\_\_\_\_\_\_\_\_\_\_

 CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*To be signed & stamped by a Registered Medical Practitioner.

\*\*Strikeout which is not applicable.