

**MEDICAL CERTIFICATE OF FITNESS**  
**FOR YOGASANA**

PHOTO (To be  
attested by the  
Doctor signing  
the Certificate)

I have examined Shri / Kumari / Smt. ....

Son / Daughter of Shri.....aged

..... Years, of Village:.....P.O.

..... P.S .....

Dist..... State ..... PIN ..... and certify  
that, he / she is free from deafness, defective vision (including colour vision) or any other  
infirmity, mental or physical, likely to interfere with the efficiency of his / her work and found  
him / her possessing good health.

This certificate is being given to him /her for the purpose of .....

.....

Signature of Candidate

(To be signed in presence of the Medical Officer)

Signature of Medical Officer: .....

Name of Medical Officer: Dr. ....

Registration No. ....

Dated:

Seal

**Note:** Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with Medical Council of India, shall only be valid. The date of issue of the medical certificate should be within **one year** from the date of application.