

(ON THE LETTER HEAD OF MEDICAL OFFICER)

MEDICAL CERTIFICATE

TO WHOM IT MAY CONCERN

Certified that _____ (Age- Years),

Son/Daughter/Wife of _____

R/o _____

is medically fit to participate in 10th Sub Junior ,Junior and Senior State
Yoga Sports Championship to be held from 30th to 31st August, 2025 at
Kottayam.

**SIGNATURE
&
SEAL OF MEDICAL OFFICER**