

**Performa for medical fitness certificate**

**(To be submitted at the time of issuance of Apprentice Contract by AIH&TM)**

Date:-

This is certify that I have carefully examined Mr./Miss/Ms.:-----

-----Son/daughter of -----whose signature is given below.

As a result of his/her examination, I certify that he/she is found free from any infectious or communicable diseases and fit for enrolment in Trade Apprentices in ITDC. I have further to report that

1. His/her eyes appears to be:-----
2. His/her heart and lungs are clear:-----
3. His/her chest measurement is normal-----expanded-----
4. His/her weight is-----
5. His/her height is-----
6. He/she wear glass/do not wear glass-----vision.
7. He/she have No disease, mental and bodily infirmity, which makes him/her unfit in the near future for an active life and studies as well as for practical's.
8. He/she does not suffer from:-
  - Infections Skin Disease
  - Psoriasis Follicles
  - Tuberculosis
  - Trachoma
  - STD
  - Epilepsy
  - Leucodermal / Leprosy

**(Signature & Stamp of Medical Practitioner)**

Registration No: -----

Address of candidate: -----

(Signature of candidate)