

## MEDICAL FITNESS CERTIFICATE

1. Name of Doctor/ Clinic: \_\_\_\_\_
2. Date of examination: \_\_\_\_\_
3. Report:
  - a. Present/ Past illness of significance \_\_\_\_\_  
Injuries/ operation undergone and present condition \_\_\_\_\_
  - b. Is the applicant suffering from:
    - i. Infectious disease Yes / No
    - ii. Skin disease Yes / No
    - iii. Cardiac problems Yes / No
  - c. I, on this date \_\_\_\_\_ have examined \_\_\_\_\_ and found him / her medically fit to undergo physical fitness / games / walk.
  - d. What type of physical activities is not advisable / restricted for the applicant  
\_\_\_\_\_

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

Place: \_\_\_\_\_

Seal and Signature of Medical Officer  
Registration Number & Designation

### DECLARATION

I hereby declare that to the best of my knowledge and belief, the particulars given and the documents furnished are true.

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

Signature

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### (FOR OFFICE USE ONLY)

- a) Total membership fee admissible \_\_\_\_\_
- b) Membership applied / allotted for \_\_\_\_\_  
(Mention the Clubs & Specific Sport)
- c) Office has received a sum of Rs. \_\_\_\_\_  
From \_\_\_\_\_ vide Receipt No \_\_\_\_\_ dated \_\_\_\_\_

**Nodal Officer**

**Director Sports**

**Dy. Chief Executive Officer  
SMVD Shrine Board**

**Addl. Chief Executive Officer  
SMVD, Shrine Board**

Membership Number \_\_\_\_\_

(To be issued only after consent of Approving Authority)