

Fitness Certificate from Competent Authority

To Whom It May Concern

This is to certify that Mr/Miss

Daughter/Son of _____

village/town _____ District/State

_____ is not suffering from cold, cough, fever or any

diseases and is fit to travel from (date) _____ village/town

_____ to Koraput.

Name and designation:

Assistant Surgeon/Officer above the rank

Seal with Signature