

CADET COLLEGE NOSHKI

MEDICAL CERTIFICATE

Name of Candidate: _____

S/O: _____

It is certified that I have examined the above named candidate thoroughly and found him physically **FIT / UNFIT** for admission in Cadet College Noshki. He is neither physically disabled nor mentally retarded.

Remarks (if any)

Name of Medical Officer

Date: _____

Signature with Stamp

Registered Medical Officer
(C.M.H, Hospital)