

The candidate shall also submit the Certificate of Physical Fitness in this Format/Form given below after getting him/her examined by a Registered Medical Practitioner.

CERTIFICATE OF PHYSICAL FITNESS OF THE CANDIDATE

(By a Registered Medical Practitioner, on his letter head)

I certify that I have carefully examined Mr./Ms. _____ and further certify that his/her eye sight is good and that any minor defects therein can be overcome by means of suitable glasses, that his/her constitution is sound and that he/she has no disease or physical or mental infirmity making him/her unfit now or is likely to make him/her unfit in future to do manual work in the workshop or active outdoor service as an Architect.

Date: _____

Signature: _____

Address: _____

Doctor's Name: _____

Qualification: _____

Registration No.(with Stamp)_____