

MEDICAL FITNESS CERTIFICATE

I, \_\_\_\_\_ the \_\_\_\_\_ undersigned \_\_\_\_\_ hereby \_\_\_\_\_ certify \_\_\_\_\_ that \_\_\_\_\_  
\_\_\_\_\_ S/O \_\_\_\_\_ CNIC \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_ is not suffering from any communicable disease and is  
healthy in all respects. He is also physically fit to undergo intense physical exercise/ activity.

Stamp

\_\_\_\_\_  
(Signature of Doctor)