

FORM – 2

(Medical Certificate of Fitness)

This is to certify that Shri / Shrimati / Kumari _____ Son/ daughter/
wife of Shri/ Shrimati / Kumari _____ resident of House No.
_____ Village / Mohalla / Street _____ Town / City _____ Tehsil
_____ District _____ State _____ aged _____
years, has been thoroughly examined by me and found fit to join Old Age Home – Vishranti.

Date : _____

(Signature of Doctor)

Place: _____

Name

Stamp