



**ICAR-CENTRAL ISLAND AGRICULTURAL
RESEARCH INSTITUTE
PORT BLAIR-744105**



FITNESS CERTIFICATE

Signature of Applicant.....

I, Dr. do hereby certify that I had
carefully examined Dr./Shri/Smt./Ms.

.....(name &
designation of applicant) of the Office of the

whose signature is given above, and find that he/she has recovered from his/her illness
and is now fit to resume duties in Government service. I also certify that before
arriving at this decision, I have examined the original medical certificate and
statement of the case (or certified copies thereof) on which leave was granted or
extended and have taken these into consideration in arriving at my decision.

Place:

Signature of Government Medical
Officer /Civil Surgeon / Staff
Surgeon/Authorized Medical
Attendant/Registered Medical
Practitioner along with official seal

Date: Registration No. _____