



अखिल भारतीय आयुर्विज्ञान संस्थान / ALL INDIA INSTITUTE OF MEDICAL SCIENCES

ଅଖିଳ ଭାରତୀୟ ଆୟୁର୍ବିଜ୍ଞାନ ସଂସ୍ଥାନ

BHUBANESWAR - 751019

FORM OF FITNESS CERTIFICATE

OFFICE OF THE MEDICAL SUPERINTENDENT

No. :

Dated :

I, Dr.....do hereby
certify that I have carefully examined Shri / Shrimati / Miss.....
(O.P.D. No.....) of the.....Deptt.
whose Signature is given below and find that he/she has recovered from his / her illness and is now fit to resume duties with
effect from.....in Govt.
service. I also certify that before arriving at the decision, I have examined the Medical Certificate (s) and statement (s) of the
case (or certified copies (hereof) of which leave was granted or extended & have taken into consideration in arriving at decision.

Signature of the patient

(.....)

Signature of the Senior Resident

OPD / WARD

Countersigned
Medical Superintendent

N.B. - The F.C. is valid only after it is countersigned by the Medical Superintendent.