FORMAT OF APPLICATION FOR FITNESS CERTIFICATE

Date: …….

To,

The Chief Medical Officer / The Chief Medical Superintendent,
…….. (Name of the city)

Sir,

I, (Name of the Candidate) have qualified for admission to B.Ed. course in Ewing Christian College, an Autonomous Constituent College of University of Allahabad, Prayagraj, and I require a certificate stating that I do not suffer from any disability like stammering or any other disease of the ears, eyes or any other limb that might hamper teaching work.

Yours' faithfully

Signature of the Candidate

(Name of the Candidate)