(Medical Certificate)

TO WHOMSOVER IT MAY CONCERN

This is to certify that Shri/Smt ……. Son/Daughter/Husband/Wife of …… bearing Voter ID NO …….. is physically and mentally fit to undertake the journey <Route for which applying> as on date

(Signature)

(Registered Medical Practitioner)

Name of the Doctor:-

Regd No:-

Stamp

Date

Place