**Govt. of Jammu & Kashmir**

**Office of the Block Medical Officer …………………………………………………………………**

**No: ……………………………… Dated: ……………………………….**

Physical Fitness Certificate

This is to certify that Shr/ Smt ………………………………………………………………………………………………

S/O D/O W/O ………………………………………………………………………………………………. R/O ………………………….

District…………………………………… whose photograph is attested at “A” is ……………………..………………….. is physically fit for construction work.

Place: …………………………………………..

 “A”

Photograph of the worker to be attested

 **Seal & Signature of**

 **Block Medical Officer**