

MEDICAL FITNESS CERTIFICATE

Address:

Date:

This is to certify that I have examined and investigated Mr./Mrs./Miss _____
_____ today and found that he /she is physically fit to undertake
high altitude pilgrimage to Adi Kailash/Om Parvat, Dist. Pithoragarh, Uttarakhand.

Signature of Mr. /Mrs./Miss _____

Signature
(Doctor/Medical Authority)
Reg.No.