

**Fitness Certificate**

[This certificate should be issued by only registered medical practitioner]

Reference no:

Date:     /     /

I hereby certify that I have examined Shri/ Smt.....  
..... appointed as a  
'Fellow' under 'Chief Minister Fellowship Programme', Govt. of  
Maharashtra and it appears that he/she does not have any disease,  
constitutional weakness or bodily infirmity except .....

I do not consider this a disqualification for 'Chief Minister  
Fellowship Programme', in the office of the .....

His age is according to his own statement ..... years and by  
appearance about ..... Years.

Mark of Identification .....

.....

Signature and Rt. H. T. I.  
Of the fellow

Seal, Signature & Designation of  
issuing competent authority

License No:.....