



DEHRADUN NATIONAL ACADEMY OF DEFENCE

(POWERD BY : DNAD EDUCATIONAL SERVICES OPC PVT. LTD.)

CORPORATE IDENTIFICATION NUMBER (CIN) : U80904UR2022OPC013991

REGISTRATION No. : 13991

MEDICAL CERTIFICATE

To whom it may concern:

This is to certify that, (name),
..... Son/Daughter of (age),(sex), born
on.....(birth date) has been examined and found that physically fit, during the
time of medical examination.

PHYSICAL EXAMINATION

Date Examined: ____ / ____ / 2026

Height:

Weight:

Haemoglobin:

Blood Pressure:

Pulse:

Respiratory Rate:

Other Examination Performed (Please put a check marks)

Medical History: _____

ENT: _____

Visual Acuity: _____

Knock knee: _____

Flat Foot: _____

Findings: (If any)

.....

Date: _____

Signature of Medical Officer

Registration/Licence No.: _____

Hospital/Clinic Name & Seal: _____