

## **MEDICAL CERTIFICATE OF FITNESS**

I have examined Shri / Kumari / Smt. ....  
Son / Daughter of Shri.....aged  
.....Years, of Village: .....  
P.O.....P.S.....Dist.....  
.....State.....PIN.....and certify that,

He/She is free from any hearing impairment, defective vision (including color vision deficiency), or any other mental or physical infirmity that could interfere with the efficiency of his/her performance. Upon detailed clinical examination, it is hereby certified that the candidate is **fit to participate in paragliding at high altitudes**. The candidate demonstrates no medical contraindications for engaging in high-altitude paragliding activities as per the assessment conducted on the date of examination.

Signature of Candidate

(To be signed in presence of the Medical Officer)

Signature of Medical Officer:.....

Name of Medical Officer: Dr.....

Registration No. ....

Dated:

Seal

**Note:** Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registration number with Medical Council of India, shall only be valid.