

ANNEXURE - 'C'

MEDICAL CERTIFICATE FOR APPLICANT

(to be issued by Doctor from Health Department not below the rank of Chief Medical Officer or Health Officer)

This is to Certify that I have examined Shri/Smt..... age..... resident of House No..... ward..... Village/town..... Constituency..... Taluka..... and declare that he/she is not suffering from any Serious ailment, Communicable diseases, Heart diseases etc..

Shri/Smt..... is fit to perform journey/pilgrimage under "Mukhyamantri Dev Darshan Yatra Yojana".

His /Her Aadhar Card no is.....

Photo to be attested
by the Doctor not
below the rank of
CMO/HO.

Name of Doctor:.....

Reg. No.....

Signature of Doctor

Official Rubber Stamp

Date:.....

Place:.....