**MEDICAL CERTIFICATE**

I certified that I have examined No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rank\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Son of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_of 11 (TN) Sig NCC, Salem

In accordance with the standard laid down in NCC Act & Rules and found him Fit to under go

Training of strenuous nature in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Camp) being conducted from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I also certify that the above mentioned Officer / Cadet has been inoculated / Vaccinated against:-

(a) Typhoid (TAB)

(b) Tetanus (TT)

(c) Tuberculosis (BCG)

(d) Hepatitis ‘B’

3. I also certify that the above mentioned Officer / Cadet has been screened for HINI

**Signature of the Medical Officer**