

# HEALTH CERTIFICATE

This is to certify that Ms./Mr. \_\_\_\_\_ S/O / D/O \_\_\_\_\_ is physically fit. He /She is not suffering from any of the following diseases.

a) Vision Yes \_\_\_\_\_ No \_\_\_\_\_

b) Respiratory Diseases Yes \_\_\_\_\_ No \_\_\_\_\_

c) Skin Allergy Yes \_\_\_\_\_ No \_\_\_\_\_

d) Cardio Vascular Yes \_\_\_\_\_ No \_\_\_\_\_

e) Physical Disability Yes \_\_\_\_\_ No \_\_\_\_\_

f) Gynaec Problem Yes \_\_\_\_\_ No \_\_\_\_\_

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Signature of Medical Officer

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Date

# REGISTRATION FORM FOR SWIMMING

RTO ROAD, KUSUMKHERA, HALDWANI (NAINITAL)

Name of Candidate .....

Father's Name .....

Mother's Name .....

Date of Birth .....

Address .....

.....

Phone Number .....

.....  
Date of Registration

.....  
Parents Signature with Name