(To be submitted by C.M.O. of your district or any M.B.B.S. doctor with his/her seal, signature and registration number)

| | Date: |
|--|--------------------------|
| MEDICAL FITNESS CERTIFICATE | |
| This is certified that all students and the acco | ompanying staff of our |
| school ATHLETIC Team (as per attached team list) | will be participating in |
| the CBSE Cluster III Athletic 2024 to be hosted by | VIKAS VIDYALAYA, NEORI |
| VIKAS, RANCHI from 10 th - 14 th September 2024 are Medically Fit to | |
| participate in the above-mentioned event. It has been certified by the | |
| Chief Medical Officer/R.M.O. or any M.B.B.S. doctor. | |
| | |
| Signature of Team Manager | Signature of Team Coach |
| | |
| | Signature & Seal |
| Medical Officer / RMO | Principal/Head of School |
| Regn. No | · |
| | |

Encls: As Above.