

CHANDAN DIAGNOSTIC CENTRE

Far vision : *normal*
ENT consultation : *normal*
Dental Checkup : *normal*
Eye Checkup : *normal*

Final impression:

Certified that I examined *Gaurav Pr. Singh* S/o or D/o *Viney Jai Singh*
is presently in good health and free from any cardio-respiratory/communicable
ailment, he/she is **Fit / Unfit to join any organization.**

[Handwritten Signature]
Client Signature

[Handwritten Signature]
Signature of Medical Examiner

Dr. R.C. ROY
MBBS., MD. (Radio Diagnosis)
Reg. No.-26913

Name & Qualification *Dr R C Roy, MBBS, MD*

Date *14/08/21* **Place** **VARANASI**