

**MEDICAL CERTIFICATE**  
**COVID-19 FREE /ASYMPTOMATIC CERTIFICATE**

I, Dr \_\_\_\_\_ of \_\_\_\_\_ (Name of Government Hospital) is a registered medical practitioner and holding medical license registered number \_\_\_\_\_ have examined Mr \_\_\_\_\_ S/o \_\_\_\_\_ on date \_\_\_\_\_ 2021 and have found Mr \_\_\_\_\_ free from the following diseases : CORONA VIRUS Disease- COVID -19 currently asymptomatic.

Dated :

Stamped of Government Hospital

Signature of Dr with Stamp  
 Dr \_\_\_\_\_  
 Government Hospital \_\_\_\_\_  
 Sector \_\_\_\_\_ Teh \_\_\_\_\_  
 Dist \_\_\_\_\_ State \_\_\_\_\_  
 PIN \_\_\_\_\_

**Note:** Asymptomatic certificate should have proper stamp of Government Hospital and Doctor with Registration Number of Doctor.

**NO RISK CERTIFICATE**

It is certified that Mr \_\_\_\_\_ (Name) Roll No \_\_\_\_\_ a candidate for \_\_\_\_\_ recruitment rally, hereby certify that I have no COVID-19 symptoms. I fully understand that travel to rally venue is at my own risk and I or my parents /guardians shall not be entitled to claim any compensation or reconsideration for participation in the same rally or any other relief from the government if I am infected with COVID-19 during my transit or during my selection process in the rally.

Date :

(Signature of the candidate)

**COUNTERSIGNED**

Station:  
 Date :

(Signature of Parent/Guardian)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_