



NATIONAL INSTITUTE OF WATERSPORTS

(A Centre under Indian Institute of Tourism & Travel Management)
Ministry of Tourism, Government of India

MEDICAL FITNESS CERTIFICATE

I have examined Shri/ Kumari/ Smt. _____ Son/
Daughter of Shri/ Smt. _____ aged _____
years, residing at _____. It is certified that, he/ she is free
from deafness, defective vision or any other infirmity, mental or physical, likely
to interfere with the efficiency of his/ her work and found him/ her possessing
good health and fit for swimming.

This certificate is being given to him/ her for the purpose of Lifesaving
Techniques/ Watersports Training.

Signature of Medical Officer: _____

Name of Medical Officer: _____

Registration No. _____