

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 _____ 2020 and have found Mr _____ free from the following disease : CORONA VIRUS Disease- COVID-19 currently asymptomatic.

Date :

Stamp of Government Hospital

 (Signature of Doctor with Stamp)
 Dr _____
 Government Hospital _____
 Sector _____ Teh _____
 Distt _____ State _____
 PIN _____

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

NO RISK CERTIFICATE

1. 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/guardian 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 :

(Signature of Parent/ Guardian)

Dated :

Address