

Government of Maharashtra

Sassoon General Hospital, Pune

Phone: - 26128000 / 319

Fax:- 26126868

REGISTRATION NO.

DATE:- / /20

THIS IS TO CERTIFY THAT

MR/MRS/MISS _____

SUFFERING FROM _____

WAS EXAMINED IN THIS INSTITUTE FOR DRIVING FITNESS.

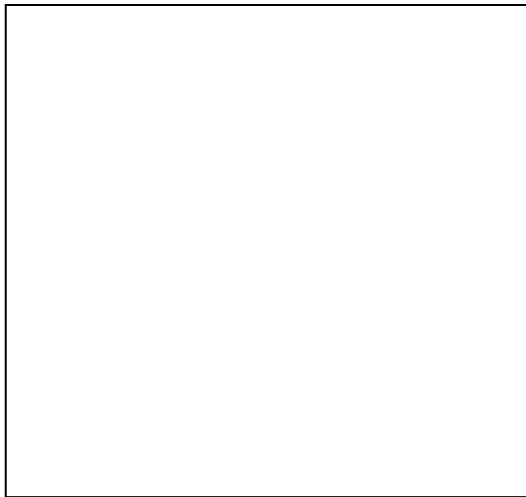
HE/SHE IS FOUND FIT TO DRIVE / MODIFICATION ADVISED

TWO WHEELER _____

(With Gears/Without Gears) _____

THREE WHEELER (LMV/HMV) _____

FOUR WHEELER (LMV/HMV) _____



Specialist,
Ortho, Dept
SGH, Pune

Specialist,
Medicine Dept
SGH, Pune

MEDICAL SUPERINTENDENT,
Sassoon Hospital, Pune