

To,  
The President, Medical Board  
[SSB Centre/Military Hospital Name]

Subject: Urgent Request for Review Medical Board—CDS Medical Rejection Appeal

Respected Sir/Madam,

I, [Your Full Name], Roll Number [XXXXXX], was declared [Temporarily/Permanently] unfit during the CDS medical examination conducted on [Date]. After careful consideration and consultation with medical experts, I respectfully request a Review medical board, as I believe my condition is [correctable/misdiagnosed].

Enclosed Documents:

1. Original medical unfitness report
2. Self-attested identity proof
3. Recent medical certificates from certified specialists
4. [Any additional supporting evidence]

I am confident that a fresh medical examination will demonstrate my fitness for service. I humbly request your kind consideration of my appeal.

Yours sincerely,  
[Your Signature]  
[Full Name & Address]  
[Contact: Phone & Email]