

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a degree not below that of M.B.B.S.)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

(Refer para 3.16 of the Prospectus)

(Keep a copy of the Medical Fitness Certificate for your record)

I certify that I have carefully examined Mr./Ms. *.....

Son/Daughter of Shri

whose signature is given below. Based on the examination, I certify that he/she is in a good mental and physical health and is free from any physical defects which may interfere with his/her studies including the active outdoor duties required of a professional.

Mark of Identification

Signature of the candidate

Place :

Date :

Name & Signature of the
Medical Officer with seal
and Registration Number

*stike whichever is not applicable.