

# MEDICAL FITNESS CERTIFICATE

(on letter head of the GP/Hospital etc.)

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

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

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 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.

Marks of Identification \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Place:

Date:

Name & Signature of the Medical Officer

With seal and registration number

\* Strike off whichever is not applicable