

MEDICAL 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

I certify that, I have carefully examined Mr./Ms.
son/daughter of Shri/Smt. who has signed below. Based on
the examination, I certify that;

* He/She possesses sound physical and mental condition.

** He/She has following physical and/or medical defects, including allergy (specify, if
applicable).....
.....

* He/She is free from any physical defects which may interfere with his/her studies including the
active outdoor duties required as part of a profession.

Mark of Identification:

Signature of the Candidate:

Date:

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

* Strike whichever is not applicable.

** Provide specific disease like Asthma, Hysteria, etc., if any