



Medical Fitness Certificate
(To be produced at the time of reporting at the Institute)

I / Dr. _____(Name & Designation) posted in
 _____(Name and Place of the Hospital) certify that I have carefully
 examined _____(Name of Candidate) S/o D/o Shri
 _____whose photograph attested by me is affixed-here with. As a result
 of his/her medical examination, I have diagnosed nothing that may prevent him/her pursuing under
 graduate/post graduate degree courses.

I have to further report that;

He/She has no disease or mental or bodily infirmity making him/her unfit or likely to make him/her unfit in
 the near future for visit / training / internships / projects etc. At industries, and active outdoor duty, as
 professional.

Mark of Identification : _____

Hence the candidate is fit for admission to professional course.

Signature of Medical Officer

Photograph
of candidate
duly attested
by Medical
Officer

Seal of Designation and Hospital

Dated