

MEDICAL FITNESS CERTIFICATE

(To be issued on Letter Head by register Medical Practitioner holding a Degree not below of M.B.B.S)

I certify that I have carefully examined Mr / Mrs.....
S/D/O Sri....., based on 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 required of a professional.

Marks of Identification

Signature of candidate

Place.....

Date.....

Name and Signature of Medical Officer.

With Seal and Registration No.

(Strike off which is not applicable)