

# MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding M.B.B.S. degree)

(To be submitted at the time of hostel admission)

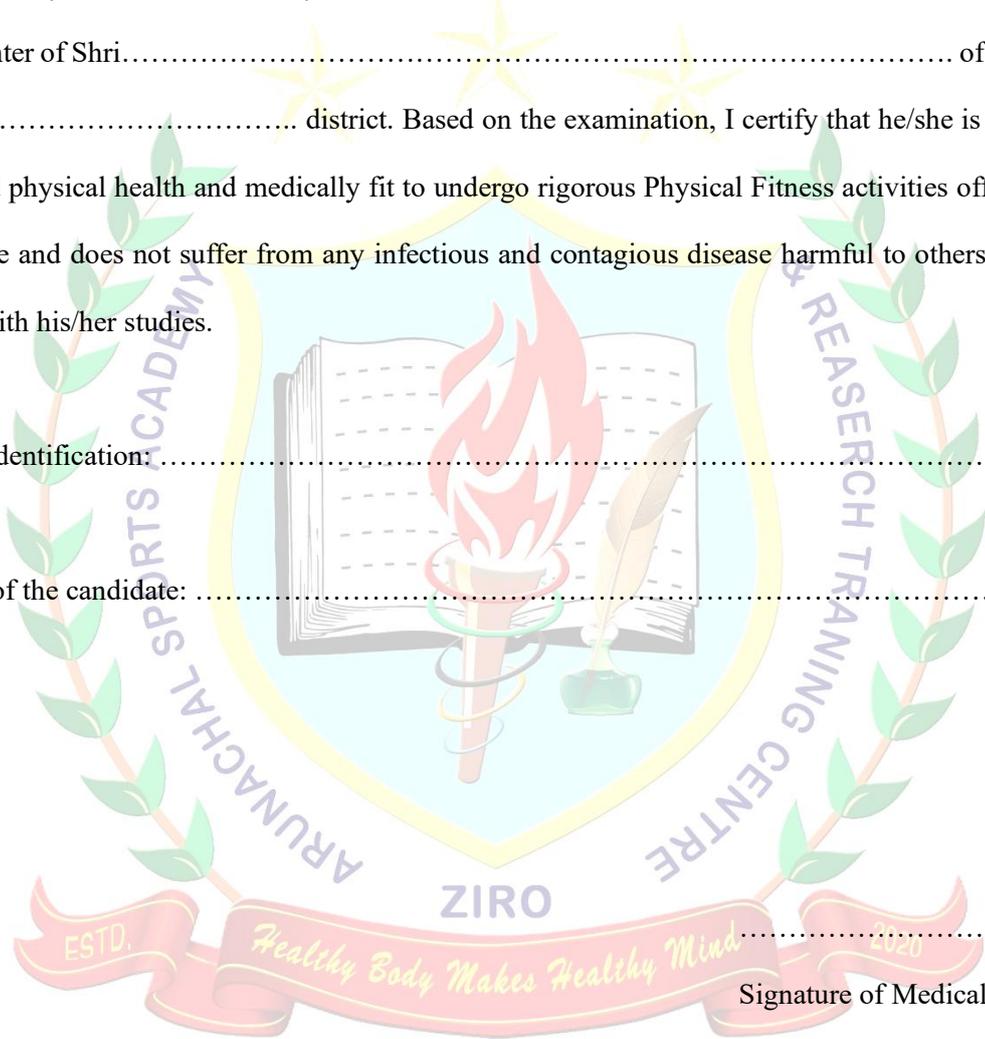
This is to certify that I have medically examined Mr./Ms.....

Son/Daughter of Shri..... of.....

..... district. Based on the examination, I certify that he/she is in good mental and physical health and medically fit to undergo rigorous Physical Fitness activities offered by the institute and does not suffer from any infectious and contagious disease harmful to others or may interfere with his/her studies.

Marks of Identification: .....

Signature of the candidate: .....



Signature of Medical Officer

Name (in Block Letter) .....

Designation.....

Practitioner License No. ....

(Seal)