

MEDICAL CERTIFICATE

TO BE SUBMITTED AT THE TIME OF ADMISSION

Based on careful examination, I certify that Mr. / Ms. _____

_____ son of / daughter of Shri _____

whose signature is given below 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 for a professional.

Visible mark of identification is _____

Signature of candidate

Signature of Medical Officer
with seal & registration number

Place _____

Date _____

Name of Medical Officer