



CERTIFICATE OF MEDICAL FITNESS

Name (In Block Letters).....

Parent / Guardian Name.....

Gender: Male / Female

Blood Group:.....

Height:cm

Weight:kg

Heart:

Lungs:.....

Vision:

Hearing:.....

Hernia / Hydrocele / Varicocele/ Hemorrhoids, etc:

Any Other Disease Diagnosed in the Past:.....

Allergies, if any.....

Recent surgeries (in last six month):.....

Personal Marks of Identification:

1.

2.

I do hereby certify that I have examined Sri / Kum / Smt....., Son / Daughter of....., who is an applicant for admission to Program and could not notice that he / she has any disease, constitutional affliction, bodily infirmity or mental unsoundness.

Signature of the Candidate

Signature of the Doctor

Place.....

Name:

Date:

Designation: