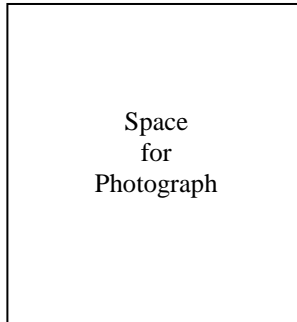


## Medical Fitness Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)

**(TO BE SUBMITTED AT THE TIME OF ADMISSION)**



I certify that I have carefully examined Mr./Ms.\* \_\_\_\_\_

Son/daughter of Shri \_\_\_\_\_ whose  
signature is given below. Based on the 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 duties required of a professional.

Marks of Identification \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Place:

Date:

Name & signature of the Medical Officer  
with seal and registration number

\* Strike whichever is not applicable.