**MEDICAL FITNESS CERTIFICATE**

(To be signed by a registered medical practitioner holding a degree not below that of M.B.B.S)

**(To be submitted along with the Hostel Registration Form)**

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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Parents/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place:

Date:

**Name & Signature of the Medical Officer**

**With seal and registration number**