

MEDICAL CERTIFICATE**
(TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)

I certify that I have carefully examined Shri/Km/Smt.* _____
son/daughter/wife of Shri/Smt.* _____ 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.

Visible Mark of Identification _____

Signature of the Candidate _____

Place:

Date:

Name & Signature of the
Medical Officer with Seal
and Registration Number

* Strike whichever is not applicable.

**To be signed by a Registered Medical Practitioner holding a Medical degree.

Note : Use photocopy of this Form