MEDICAL FITNESS CERTIFICATE FORMAT

I have examined Mr./Ms./Mrs. _____

Son / Daughter of Mr. _____ aged _____

Years, Resident of _____ District _____

State/UT _____ PIN _____ whose signature is given below and 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 and found him/ her possessing good health.

Note: This Certificate is being given to him /her for the purpose of MBBS Admission (Session _____).

_____

Signature of Candidate

(To be signed in presence of the Doctor)

Signature of Doctor: _____

Name of Doctor: _____

Registration No. _____

Dated: _____/_____/ Seal: _____

Note: Medical Certificate shall be granted by a Qualified/ Registered Medical Practitioner only. The date of issue of the Medical Certificate should be within One Month from the date of application.