

## MEDICAL FITNESS CERTIFICATE

(To be obtained only from Gazetted Government Medical Officer/Medical Officer of a Government Undertaking)

### (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.*