

Format For Certificate Of Medical Fitness

(On Doctor's Letter Head)

This is to certify that I have conducted clinical examination of Mr./Ms _____
_____ who is desirous of
admission to the course in Health Sciences.

He / She has not given any personal history of any disease incapacitating him/her to undergo
the professional course. Also, on clinical examination it has been found that he/she is medically
fit to undergo the professional course.

Certified further, that he / she has not shown any evidence of major defects of posture,
locomotion, vision, hearing or any other systemic disorder.

REGISTERED MEDICAL PRACTITIONER

Seal & Signature : _____
Name : _____
Registration No. : _____
Address : _____

Date : _____