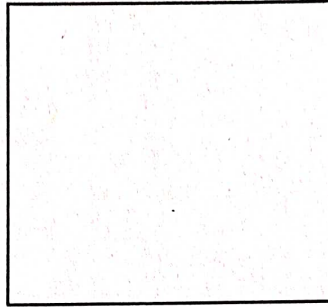


**Medical Fitness Certificate**

(To be signed by a registered medical practitioner holding a Medical Degree)

(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