CERTIFICATE OF MEDICAL FITNESS

Name (In Block Letters).....

Parent / Guardian Name.....

Gender: Male / Female Blood Group:.....

Height: .....cm Weight: .....kg

Heart: ..... Lungs:.....

Vision: ..... Hearing:.....

Hernia / Hydrocele / Varicocele/ Hemorrhoids, etc.:
.....

Any Other Disease Diagnosed in the Past: .....
Allergies, if any.....

Recent surgeries (in last six month): .....

Personal Marks of Identification:

1.

2.

I do hereby certify that I have examined Sri / Kum / Smt....., Son / Daughter of....., who is an applicant for admission to ..... Program and could not notice that he / she has any disease, constitutional affliction, bodily infirmity or mental unsoundness. His / Her age according to his/her statement is

..... year and by appearance about ..... years.

Signature of the Candidate

Signature of the Doctor:

Place.....

Name: _____

Date.....

Designation: _____