

# **FORM OF MEDICAL FITNESS CERTIFICATE**

## **MEDICAL CERTIFICATE OF EXAMINATION OF CANDIDATE FOR ADMISSION TO MEDICAL COURSE**

I hereby certify that I have examined

Shri/Kum./Smt.....

a candidate for admission to the Medical course and cannot discover that he/she has any disease, constitutional weakness or bodily infirmity except.....

I do not consider this a disqualification for admission to the Medical/Paramedical Courses. His/her age is according to his/her own statement ..... years and by appearance.....years.

He/She has been vaccinated.

Marks of identification:.....

Impression of left hand thumb



1) Signature

2) Full name

3) Reg. no.

Date:

**NOTE: Medical fitness certificate should be from the doctor having minimum designation of M.B.B.S.**

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