

CERTIFICATE OF MEDICAL FITNESS
(To be submitted at the time of admission)

This is to certify that I have conducted clinical examination of

Ms. _____

Son/Daughter of Shri. _____

Resident of _____

At the time of examination/he/she is clinically in good mental and physical health, does not suffer from any communicable disease, and is free/not free from any defects which may interfere with his/her studies including the active duties required of a professional.

Marks of Identification: _____

Place : _____

Date : _____

Signature of the candidate

Address of the Registered Medical Practitioner	Signature:
	Name:
	Registration No.:
Date :	Seal of Registered Medical Practitioner

Compulsory Vision Test :

Visual Acuity : <

Colour Vision : <

Address of the Ophthalmologist/Optomterist	Signature:
	Name:
	Registration No.:
Date :	Seal of Ophthalmologist/Optomterist

Note :

*Medical Certificate granted by a qualified medical practitioner holding at least MBBS Degree and registered with Medical Council of India, shall only be valid. The date of issue of the Medical Certificate should be within **one year** for the date of application.*