

MEDICAL FITNESS CERTIFICATE

(To be submitted at the time of admission)

1. I hereby certify that, I have carefully examined

Mr/Ms. _____

Son/Daughter of Shri _____

Resident of _____.

At the time of examinations he/she is clinically in good mental and physical health, does not suffer from any communicable diseases, 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 : _____

Signature of the candidate: _____

Place : _____

Date : _____

Name & Signature of Medical Officer
with seal and registration number.

2. **COMPULSORY VISION TEST:**

Visual Acuity: <

Colour Vision : <

Name & Signature of Ophthalmologist/Optomtrist
with seal and registration number.