**MEDICAL FITNESS**

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on the **Letterhead of Registered Medical Practitioner**:

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms ............. ......................................... who is desirous of admission to Health Science Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified that he/she fulfils the following criteria.

(1) Absence of any incapacitating and /or progressive systemic disease /disorder /condition,

(2) Absence of any disability of upper limb/s.

(3) Absence of any major visual/ auditory disability.

(4) Absence of psychosis/neurosis/mental retardation,

(5) Ability to maintain erect posture,

(6) Reasonable manual dexterity.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical Student

1. ..........................................................................................................................

2. ..........................................................................................................................

3. ..........................................................................................................................

Address of the Registered Medical Signature -------------------------------------

Practitioner

Name ------------------------------------------

Registration No.-----------------------------

Date: Seal of Registered Medical Practitioner