**CERTIFICATE OF MEDICAL FITNESS**

**Name of the candidate:**

**Date of Birth & Age:**

**Gender:**

**Address:**

**Identification Marks on body:**

1)

2)

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

On clinical examination it has been found that he/she is medically fit to undergo the professional course.

Name of the Practitioner:

Signature:

Registration Number:

Stamp / Seal:

Date:

Place:

 \*\*\***Certificate should be on the letter head of Doctor**