

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

Dr.

who is desirous of admission to Health Science Course.

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**