

Form of Medical Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)

(TO BE SUBMITTED AT THE TIME OF ADMISSION BY ALL CANDIDATES)

I certify that I have carefully examined Mr./Ms. _____
 Son/Daughter of Shri/Smt. _____ whose
 signature is given below. Based on the examination, I certify that he/she is in good
 mental and physical health and is free from any physical defects which may interfere
 with his/her studies including the active outdoor duties required of a professional.
 From the candidate records we know the candidate has undergone treatment/is
 undergoing treatment for:

1. Name of ailment (s) (physical/mental) _____
2. Treatment _____ (completed or continuing)
3. Treating Doctor _____

In case of emergency or need, please get in touch
 with _____

Marks _____ of _____ Identification _____

Signature of the Candidate _____

Place:

Date:

*Please, note that this information will be kept confidential and will not in any way be
 used for making selection decisions

Name & signature of the Medical Officer with
 seal and registration number

* *Strike whichever is not applicable.*