

## **CERTIFICATE OF MEDICAL FITNESS**

**This is to certify that I have conducted clinical examination of**  
**Dr./Mr./Kum.....** who is desirous of admission to Fellowship/OR Certificate Course he/she has not given any personal history of any disease in incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to **undergo said course.**

- a) Absence of any incapacitating and /or progressive systemic disease / disorder / condition,
- b) Absence of any disability of upper limb/s,
- c) Absence of any major visual/auditory disability,
- d) Absence of psychosis/neurosis/mental retardation,
- e) Ability to maintain erect posture,
- f) Reasonable manual dexterity.

**Date:**

**Signature:**

**1. Name:**

**2. Registration No:**

**3. Address of the Registered Medical Practitioner:**

**Seal of Registered Medical Practitioner**

**Note:**

A candidate must be medically fit to undergo **Fellowship/Certificate Course** applied for. The medical fitness must be certified by a **Registered Medical Practitioner** in the prescribed Performa, as given above on a **Letter head.**

**Self- Declaration Form For Self Attestation**



I .....Son /Daughter of  
Shri.....aged .....years  
Occupation.....resident of .....  
.....with  
UID No. (Aadhar No.) .....hereby declare that the  
copies attested by me are true copies of original documents. I am well aware of the fact that if the copies  
are found to be false, I shall be liable for prosecution and punishment under Indian Penal Code and /or  
any other law applicable there to.

**Place :** **Applicant’s Signature:**

**Date :** **Applicant’s Name:**