

MEDICAL CERTIFICATE

First and Family Name (s) of the Referee (in capital letters): **PRADIP KUMAR KAFLE**

Country: **NEPAL**

First and Family Name (s) of the Doctor (in capital letters): **SUMAN POUDYAL**

Country: **NEPAL**

Date and Place of Medical Testing: **CHITWAN, BHARATPUR MEDICAL COLLEGE**

I, the undersigned doctor, hereby confirm that:

1. The above-mentioned referee does not present any apparent medical illness that could prevent him from attending any programs. The physical examination, including a thorough cardio-vascular medical history and the ECG, does not present any sign of pathology.
2. He has no medical contraindication to undergo a maximal physical fitness test.



Dr. Suman Poudyal, MBBS
Signature of the examining doctor

Date: 3/24/2020

This Medical Certificate is valid for 12 months and must be presented by the Referee to the concerned body of the university whenever required.

Note: In case of discrepancy between the two languages: English, and Nepali, on the meaning or interpretation of a word or phrase, the English text prevail.