

MEDICAL FITNESS CERTIFICATE

I hereby certify that, I have examined Sri _____ a candidate for employment in the National Institute of Technology, Durgapur and cannot discover that he / she has any disease (communicable or otherwise), constitutional weakness or bodily infirmity except _____.

I do not consider this a disqualification for employment in the office of National Institute of Technology, Durgapur.

Signature of Chief Medical Officer or Civil Surgeon

Name: _____

Registration No. _____

Date: _____

Seal