

FORMAT FOR CERTIFICATE OF MEDICAL FITNESS

(ON DOCTOR'S LETTER HEAD)

This is to certify that I Have conducted clinical examination of Mr/Ms. _____ who is desirous of admission to the course in Health Sciences.

He/She has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified further, that he/she has not shown any evidence of major defects of posture, locomotion, vision hearing or any other systemic disorder.

Though, following deviations haven been revealed, in my opinion, these are not impediments to pursue a career in Medicine/Dentistry/Ayurved.

1.

2.

3.

Registered Medical Practitioner:

Seal & Signature : _____

Name : _____

Registration No. : _____

Address : _____

Date : _____