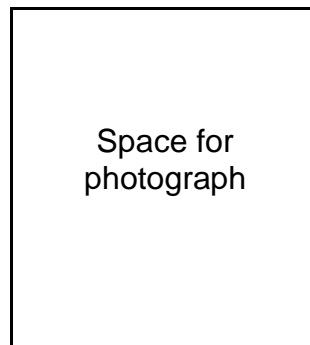




### Medical Fitness Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)  
(TO BE SUBMITTED AT THE TIME OF ADMISSION)



I certify that I have carefully examined Mr./Ms.\* \_\_\_\_\_

Son/Daughter of Shri \_\_\_\_\_ 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.

Marks of Identification \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Place:

Date:

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

\*Strike whichever is not applicable.