

MEDICAL FITNESS CERTIFICATE

MEDICAL CERTIFICATE OF EXAMINATION OF CANDIDATE FOR ADMISSION TO MEDICAL COURSE

I hereby certify that I have examined

Mr./Ms./Mrs. _____ S/o, D/o Mr. _____ a candidate for admission to the Medical course (i.e. MBBS) and cannot discover that he/she has any disease, allergies to drugs, medicine or any other constitutional weakness or bodily infirmity except _____ (mentioned-if-any) _____.

It is also certified that the candidate is free from any communicable disease like COVID-19 and is not suffering from or ever suffered from diseases which need immediate medical attention like congenial Heart disease, Rheumatic Septal Deficiency, Bronchial Asthma, Epileptic Fits, Diabetes Mellitus or Psychiatry related disease etc.

I do not consider this a disqualification for admission to the Medical/Paramedical Course. His/her age is according to his/her own Matriculation Certificate is DOB: ____/____/____ years and by appearance _____ years.

He/She has been vaccinated 1st COVID dose on dated : _____.
He/She has been vaccinated 2nd COVID dose on dated : _____.
Booster Dose : _____.

Marks of identification : _____.
Weight of Candidate : _____.
Blood Group of Candidate : _____.
Height of Candidate : _____.

left-hand thumb Impression of Candidate	Signature of Candidate	Photo of Candidate (Dully attested by the Physician)

Signature with stamp of Dr./Physician

Date: / / **2023**

Full Name of Dr./Physician :

Medical Registration No. of Dr./Physician :

Note: Medical fitness certificate should be from the Doctor having minimum qualification of M.B.B.S.