



CERTIFICATE OF MEDICAL FITNESS

For Admission in First Year

To be obtained only from a Gazetted Medical Officer of a Government Hospital.

Please note that this certificate in no other format will be accepted. Medical Certificates issued by private medical practitioners will not also be accepted.

Name (in Block letters)
Father's Name
Height
Weight
Blood Group
Vision
Hearing:
Any communicable or other disease (if any)

I certify that I have examined Mr./Ms. _____ son/daughter of Mr. _____, He/ She has no mental and physical disease and is declared medically FIT.

**Signature of the Medical Officer
with seal / stamp**