

MEDICAL FITNESS CERTIFICATE

I Dr(*Dr Name*) certify that I have carefully examined Ms..... daughter of..... (*father name*)and(*mother name*), address:

signature of whose parents is given below.

Based on the examination, I certify that she is in a good mental and physical health and is free from any physical and mental defects which may interfere with her studies including the active outdoor activities which she may have to take part as a part of examination.

Candidate
Photo

Issuing authority
shall sign and seal
the photo

Sincerely

Candidate's Blood

Group:

Candidate's Mark of

Identification:

Mother Sign:

Mother Name:

Father Sign:

Father Name:

Registration No. of the

Candidate:

Dr Name:

State Medical

Registration No.:

Degree Achieved:

Designation:

Institute:

Mobile:

Seal: