

MEDICAL CERTIFICATE

(To be signed by a registered medical practitioner holding M.B.B.S. degree)

(To be submitted at the time of hostel admission)

**This is to certify that I have carefully examined Mr./Ms. _____
S/D/o Mr./Ms. _____ whose signature is given below. Based on the
examination, I certify that he/she is in good mental and physical health and does not suffer
from any infectious and contagious disease harmful to others or may interfere with his/her
studies.**

Mark of Identification _____ Signature of the student _____

Place : _____

Date : _____

**Name and signature of the Medical
Officer with Seal & Registration no.**