**MEDICAL FITNESS CERTIFICATE**

(This certificate will be required to be on the letterhead & signed by a registered medical practitioner holding a degree not below that of M.B.B.S.)

**(TO BE SUBMITTED AT THE TIME OF ADMISSION)**

I certify that I have carefully examined Ms…………………………………………………………………daughter of Shri/Smt………………………………………………………………………………………..of Age………years whose signature is given below. Based on the examination, I certify that she is in good physical and mental health, and is free from any physical disabilities which may interfere with her studies including the active outdoor duties required to be undergone during the M.B.B.S course.

**Marks of Identification: 1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Candidate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of the Candidate**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of the candidate: -----------------------------------------------------------------------------**

**Signature of Parent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place:**

**Date:**

**Name & Signature of the Registered Medical Practitioner (RMP) with seal and registration number:**

**Address of the RMP: ----------------------------------------------------------------------**

**Place:**

**Date:**