



AIMS

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Name of the Student: _____

Name of the Institute for which admitted : _____

Program : _____

Date of admission : _____

MEDICAL CERTIFICATE

This is to certify that Mr. /Ms . _____

S/o. / D/o. _____ aged _____ Years has been

Examined by me.

He / She is suffering / not suffering form a chronic disease which requires constant and timely medication.

He / She is medically fit / unfit to seek admission for any program. (Comment in case of any illness / Infirmity).

His / Her Blood Group : _____

Place: _____

Signature

Date: _____

Designation & Reg. No. Of the Medical Officer

(Candidate to be examined by a Registered Medical Practitioner)