

Annexure-III

Medical Fitness Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

Space
for
Photograph

I certify that I have carefully examined Mr./Ms.* _____
Son/daughter of Shri _____ whose
signature is given below. Based on the examination, I certify that he/she is in good mental and
physical health and is free from any physical defects which may interfere with his/her studies
including the active outdoor duties required of a professional.

Marks of Identification _____

Signature of the Candidate _____

Place:

Date:

Name & signature of the Medical Officer
with seal and registration number

* Strike whichever is not applicable.