

**CERTIFICATE OF MEDICAL FITNESS**

*To be completed and signed by a registered MBBS doctor and presented by the candidate at the time of admission.*

Name (in Block letters): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Measurements: Height:\_\_\_\_\_Weight: \_\_\_\_\_

Blood Group: \_\_\_\_\_

HIV: \_\_\_\_\_

Tuberculosis: \_\_\_\_\_

Infectious Skin Disease: \_\_\_\_\_

Any previous medication and hospitalization: \_\_\_\_\_

I certify that I have carefully examined Mr./Ms. \_\_\_\_\_ Son / Daughter of Mr./Mrs. \_\_\_\_\_, who has signed in my presence. He/ She has no mental and physical disease and is FIT.

**Signature of the Candidate**

Date:

**Signature of the Medical Officer**

Place:

With legible seal