

## Certificate of Medical Fitness

This is certify that a have conducted clinical examination of Mr/Ms.....  
..... Who is desirous of admission to health science courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, no clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified that he/she fulfills the following criteria.

1. Absence of any incapacitating and/or progressive and/or progressive systemic disease/disorder/condition.
2. Absence of any disability of upper limb/s.
3. Absence of any major visual/auditory disability.
4. Absence of psychosis/neurosis/mental retardation.
5. Ability to maintain erect posture.
6. Reasonable manual dexterity.

Through following deviation have been reveled, in my opinion these are not impediments to pursue a career as a medical / dental / ayurved / physiotherapy / B.sc Nursing (**Strike, which is not applicable**) :

1. ....
2. ....
3. ....

Address of Registered Medical Practitioner:   Date:	Signature
	Name
	Registrarion No.
	Seal of registered medical practioner: