



MEDICAL CERTIFICATE

Paste recent
PASSPORT size
Photograph captured
not before
01.01.2017 with
name and date
printed on it.

Signature

Personal Details

Name _____

Father's Name/Guardian's Name _____

Address _____

Phone _____ Date of Birth _____ Sex _____

Height (in cm) _____ Weight _____ Pulse Rate _____ Blood Group _____ Blood Pressure _____

Other Information

Has the applicant suffered from Appendicitis/Tuberculosis/Epilepsy/Cardiac Problem/Jaundice? _____

Allergic to any medicine or product? _____

Undergone any major operation? _____

Immunisation done against any one of the following? _____

Hepatitis (Date and Dose) _____

Tetanus (Date and Dose) _____

COVID Vaccination (Dose & Date) _____

Other Suggestions

Doctor's General Impression _____

I hereby certify that the applicant does not carry any infectious disease and has an excellent state of health. He/She is physically and mentally fit to undertake admission.

Date _____ Place _____

Name of the Physician _____

Signature with Seal _____ Registration no. _____

For Office Use Only

Course _____ Registration no. _____

Batch Code _____

You are requested to bring this form (duly filled in) at the time of Admission.