

MEDICAL FITNESS CERTIFICATE

(By registered Medical practitioner)

I have thoroughly examined Shri./Ku. _____ today the _____ day of _____ 20_____ and certify that he/she has sound constitution, no disease, no serious defect in eye sight, no physical disability and no mental infirmity. I further certify that he/she is fit to undergo instructions in management studies and he/she has nothing that can make him/her unfit to undergo manual work in any outdoor activity.

Weight : _____ Kgs.

Blood Group: _____

Date : _____

Height: _____ cms.

Address : _____

Name: _____

Qualification: _____

Registration No.: _____

SEAL