



(To be signed by a registered medical practitioner holding a degree not below that of M.B.B.S)

I certify that I have carefully examined Mr/Ms*.....

Son/daughter of Shri.....

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 professional.

His/her test for Covid-19 is found negative.

Specify Medical History (if any) :.....

Attached here with medical certificate is mandatory

Signature of the candidate :.....

Place :.....

Date :.....

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