

(FORMAT FOR MEDICAL CERTIFICATE)

CERTIFICATE

(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of Admission)

Certified that I have in general and also in regard to following infectious diseases examined Mr/Ms. \_\_\_\_\_ (whose signature is given below) Son/Daughter of Sh. \_\_\_\_\_ Resident of \_\_\_\_\_

Disease Finding

- a) Infectious skin diseases
- b) Psoriasis Foliate
- c) Tuberculosis
- d) Trachoma
- e) Venereal disease
- f) HIV

and find that he/ she is not suffering from any of the above diseases.

I also certify that after examination I find that Mr./ Ms. \_\_\_\_\_ is fit to undergo course of .....

(Signature of Candidate)

(Signature of Registered Medical Practitioner)

Seal \_\_\_\_\_

Registration No: \_\_\_\_\_