

CERTIFICATE OF MEDICAL FITNESS

(To be obtained only from Qualified (at least MBBS) Medical Practitioner)

Name: (In Block Letters)

Registration No: Date of Birth.....

Father's Name:

Blood Group: Rh+/-

Height Weight.....

Heart and Lungs.....

Vision : L : R:

Hearing:

Any Communicable / chronic disease:.....

Any other disease / Medical History:

Allergies, if any..... Any durg allergy.....

Last admission in hospital

Prescribed medication, if any.....

1.

2.

3.

Any other remarks

I Certify that Mr. /Ms..... Son/Daughter of is
physically, mentally & psychologically fit/unfit for staying in the University hostel.

Signature of the Candidate

Signature of Father/Mother/Guardian

Signature of the Medical Officer with legible seal

Date: