



## Appendix 4

### Medical Certificate (To be Submitted at the Time of Counselling/Admission)

I certify that I have carefully examined Shri/Km/Smt.\* \_\_\_\_\_  
son/daughter/wife of Shri/Smt.\* \_\_\_\_\_ whose signature is given  
below. 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 a professional.

Visible Mark of Identification \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Place :

Date :

Name & Signature of the Medical  
Officer with Seal and Registration  
Number #

\*Strike whichever is not applicable.

# To be signed by a Registered Medical Practitioner holding a degree not below that of M.B.B.S.

*Note : Use photocopy of this Form*