

MEDICAL CERTIFICATE

I Dr. _____

(name, designation, and address of the hospital)

have examined Sri./ Kum. _____

Son / Daughter of _____

(name and address)

on this day of _____ (D/M/Y) and he / she is found to be healthy and
free of any sickness either physical or mental. She / he is found to be fit for
joining the course of MBBS Course.

Date:

Signature:

Place :

Name & Designation :

Seal of the Institution