

MEDICAL CERTIFICATE (Specimen)

(To be filled by a Registered Medical Practitioner holding at least MBBS degree)

Date:

This is to certify that I have carefully examined Mr./Ms.....
.....Age.....Son/Daughter of..... Resident
of.....,P.S..... is in a good physical and mental health
condition and is free from any physical defects which may interfere with his/her academic
career. He / She is fit to take admission in any residential educational institute as per clinical
examination.

Blood Group:

Mark of Identification:

Sincerely,

Dr. Name: _____

Registration No: _____

Designation: _____

Place: _____