

Medical Certificate

I certify that I have carefully examined **Mr./Ms./Mrs.** _____

Son / daughter of **Mr.** _____ Whose signature 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.

Marks of identification - _____

Signature of the candidate - _____

Place - _____

Date - _____

Name & signature of the Medical Officer

With seal and registration number
