CERTIFICATE OF MEDICAL FITNESS

(For Admission to PG (CCMT /CCMN/Self-Financed) Programmes)

To be obtained only from a Gazetted Government Medical Officer / Medical Officer of a Government Undertaking.

Name (In Block Letters) .....

Parent / Guardian Name .....

Sex : ..... Blood Group (Optional) .....

Height .....cm Weight .....kg

Chest : Exp. .....cm Insp. .....cm

Heart ..... Lungs .....

Vision ..... Hearing .....

Hernia / Hydrocele / Varicocele / Piles, etc. : .....

Any Other Disease Diagnosed in the Past : .....

Allergies, if any .....

Personal Marks of Identification :

1. .....

2. .....

I hereby certify that I have examined Mx. ....., child/ward of ....., who is an applicant for admission to the PG (CCMT/CCMN/Self-Financed) programme. Upon examination, I did not find any evidence of disease, constitutional disorder, bodily infirmity, or mental unsoundness. Their age, according to their statement, is ..... years, and their apparent age is approximately ..... years.

Signature of the Candidate

Place .....

Date .....

Signature of the Medical Officer

Name : _____

Designation : _____

Registration No. _____