

**ANNEXURE -II**

**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 mental  
and physical health and is free from any physical defects which may interfere  
with his/her academic career. He/She is fit for admission in any residential  
educational institute as per clinical examination.

Blood Group:

Mark of Identification:

Sincerely,

Dr. Name:\_\_\_\_\_

Degree Achieved:\_\_\_\_\_

Registration No:\_\_\_\_\_

Designation:\_\_\_\_\_

Place:\_\_\_\_\_