

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:_____