	Candidate's	s Course/Branch:	
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MEDICAL FITNESS CERTIFICATE

MEDICAL EXAMINATION OF A CANDIDATE FOR ADMISSION TO MEDICAL POSTGRADUATE COURSES

I Shri/Kum/Smt		certify			have	examined
courses and c	annot discover	a candidate that he/she has	e for adm any diseas	ission to e, constit	tutional weakn	ess or bodily
I do no courses. His/H	ot consider this	s as a disqualificang to his/her own	ation for ac	lmission	to the Medical	postgraduate
Marks of ident	tification:					
Impression of	left thumb:			l Name		
			(3) Qu	alification	n (Minimum M	.B.B.S)
Date://20)22		(4) Re	gistration	No.	
	ANT	I RAGGING	S UNDE	RTAK	ING	
hereafter be n course, I will a governance an	nade for gover do nothing eith d discipline. I a	nfirm to the rules mance of postgra er inside or outsi am also aware that ission and punish	nduate cour de the colle at ragging is	se and I ge that we banned a	undertake that vill interfere wi	t during such th the orderly
Date:						
Place:						
Name of the ca	andidate:			(\$	Signature of the	candidate)

Contact No: