

MEDICAL CERTIFICATE

Student Name		
Date of Birth		Age:
Height		
Weight		
Blood Group		
Allergies, if any:		
Any persistent health problem or chronic ailment for which the candidate is currently undergoing treatment, with details of prescribed medication:		
This is to certified that I have examined on and found her medically fit for studies in the college and for stay in the Hostel.		
Date:	<i>Doctor's Signature</i>	
Stamp & Registration Number		