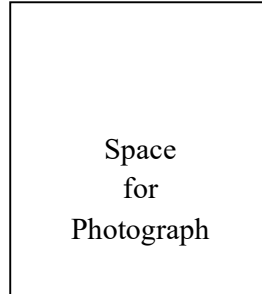


Medical Fitness Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)



I certify that I have carefully examined Mr./Ms. _____

Son/daughter of Shri _____ whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects which may interfere with his/her studies including the field engagement activities.

Marks of Identification _____

Full Signature of the Candidate _____

Place :

Date :

Name & signature of the Medical Officer
with seal and registration number

**Strike whichever is not applicable.*