



OPD NUMBER:-  
DATED: -

**MEDICAL FITNESS CERTIFICATE**

This is to certify that I have personally examined \_\_\_\_\_ D/o \_\_\_\_\_

R/o \_\_\_\_\_ JEE / GATE Roll No. \_\_\_\_\_

His/Her age is about \_\_\_\_\_ year .

Marital Status :- \_\_\_\_\_

Blood pressure:-        /        mm/hg

Ht:- \_\_\_\_\_

pulse:-        /min

wt:- \_\_\_\_\_

Blood and urine reports (if any) are \_\_\_\_\_.

He/she is declared medically \_\_\_\_\_ to carry out his /her Further studies .

Marks of identification:-

**Signature of Physician**

**(Signature of the candidate)**

**Seal**

**Reg No** \_\_\_\_\_

**Dated** \_\_\_\_\_

*(The Medical Fitness Certificate issued by Government Hospital, Dispensaries or NIT Jalandhar Dispensary will ONLY be accepted)*