CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr./Mr./Kum........................................................................................................ who is desirous of admission to Fellowship/OR Certificate Course he/she has not given any personal history of any disease in capacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo said course.

a) Absence of any incapacitating and /or progressive systemic disease / disorder / condition,
b) Absence of any disability of upper limb/s,
c) Absence of any major visual/auditory disability,
d) Absence of psychosis/neurosis/mental retardation,
e) Ability to maintain erect posture,
f) Reasonable manual dexterity.

Date: Signature:

1. Name:

2. Registration No:

3. Address of the Registered Medical Practitioner:

Seal of Registered Medical Practitioner

Note:

A candidate must be medically fit to undergo Fellowship/Certificate Course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Performa, as given above on a Letter head.