

MEDICAL CERTIFICATE

This is to certify that I, Dr. have medically examined..... of Class..... Age..... and found that he/she is not suffering from any chronic/contagious disease, or any disability. Additionally, he/she has no medical condition because of which constant monitoring is required.

(Doctor's Signature)
(Name & Stamp with Regn.No.)

Date- _____

Note :- This certificate has to be signed by Regd. MBBS Doctor.