

# CERTIFICATE OF MEDICAL FITNESS

(To be obtained only from Registered Medical Practitioner)

Duly filled and Signed-To be Submitted at the time of Hostel Entry

Name of Candidate:(in Block Letters): .....

College Roll No.: .....Date of Birth: .....

Father Name: .....Signature of the Candidate .....

## Medical Report

Blood Group: ..... Height: ..... Weight: .....

Vision: L: ..... R:.....

Hearing: .....

Any Communicable/chronic disease:.....

Any other disease/Medical History: .....

Allergies, if any..... Any drug allergy.....

Family history of any illness .....

Admitted in Hospital for long time.....

Any other remarks .....

I certify that Ms: .....daughter of .....is physically, mentally & psychologically fit/unfit for studying and staying in Mehr Chand Mahajan DAV College Hostel.

Name & Signature of the Medical Officer with legible seal

Registration number..... Date .....

## For Office use only

Checked By:

Remarks (if any):

Checked On: