

ANNEXURE - H

MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead** :

CERTIFICATE OF MEDICAL FITNESS					
<p>This is to certify that I have conducted clinical examination of Mr./Ms who is desirous of admission to Health Science Courses.</p> <p>He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.</p> <p>Certified that he/she fulfills the following criteria.</p> <ol style="list-style-type: none"> (1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition, (2) Absence of any disability of upper limb/s. (3) Absence of any major visual/ auditory disability. (4) Absence of psychosis/neurosis/mental retardation, (5) Ability to maintain erect posture, (6) Reasonable manual dexterity. <p>Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical. He/ She is fit for MBBS course.</p> <p>1.</p> <p>2.</p> <p>3.</p>					
<p>Address of the Registered Medical Practitioner</p> <p>Date :</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Signature</td> </tr> <tr> <td style="padding: 5px;">Name</td> </tr> <tr> <td style="padding: 5px;">Registration No.</td> </tr> <tr> <td style="padding: 5px;">Seal of Registered Medical Practitioner</td> </tr> </table>	Signature	Name	Registration No.	Seal of Registered Medical Practitioner
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