

FORM OF MEDICAL CERTIFICATE

(To be signed by a Registered Medical Practitioner)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

I certify that I have carefully examined Shri./Smt./Km.
..... son/daughter/wife of Shri/Smt.
..... whose signature is
given below. As a result of his/her examination, I certify that nothing has been found which may
disqualify him/her from admission to a course in a technical institution under the Government of NCT
of Delhi. I have further to report that:

- 1) His/her eyes appear to be
- 2) His/her heart & lungs are clear/
- 3) His/her chest measurement is normal, expanded
- 4) His/her weight is
- 5) His/her height is
- 6) He/she wears glasses/does not wear glasses with vision.
- 7) He/she has no disease, mental and bodily infirmity, which makes him/her, unfit in the near future for an active life and studies.

Marks of Identification

Signature of Candidate

Name & Signature of the
Medical Officer with Stamp
and Registration . No.

Date: