

MEDICAL CERTIFICATE

I Dr. _____

(Name, designation and address of the hospital)

have examined Sri. / Kum. _____

Son / Daughter of _____

(name and address)

on this day of _____ (DD/MM/YY) and he / she is found to be healthy and
free of any sickness either physical or mental. She / he is found to be fit for joining
the course of SS Medical – DM/MCh Program 2021

Date:

Signature:

Place:

Name & Designation:

Seal of the Institution: