

MEDICAL FITNESS CERTIFICATE

I hereby certify that I have examined Mr./Ms. _____, a candidate for admission to the Post Graduate Programme in Central University of Punjab, Bathinda (Punjab) and that as per my diagnosis he/she has no disease, constitutional affliction _____ or _____ bodily infirmity _____ except _____.

I do not consider this as a disqualification for admission to the Post Graduate Programme Central University of Punjab, Bathinda (Punjab).

His/her age, according to his/her own statement, is _____ years and by appearance is about _____ years.

Identification

Mark(s):

Signature of the Candidate

Signature of Civil Surgeon/ Medical Officer

Name : _____

Address: _____

Seal of the Hospital/Doctor

Date:

Self-declaration certificate of students admitted in CU, Punjab

- Name of candidate:-.....
- Age:
- Permanent address:-
.....
.....
- Course opted:.....

Health related declaration by the Candidate

1. Have you ever suffered from?

- | | |
|---|---------|
| A. Diabetes mellitus | Yes/ no |
| B. High blood pressure | Yes/ no |
| C. Any disorder of eye/ ear/ nose/ throat | Yes/ no |
| D. Any anomaly related to liver/reproductive system | Yes/ no |
| E. Any ailment related to brain/nervous system/stroke/paralysis/epilepsy | Yes/ no |
| F. Anemia or any blood related chronic disorder | Yes/ no |
| G. Musculoskeletal disorder like chronic arthritis/ chronic back pain/ slip disc etc. | Yes/ no |
| H. Any disease like Hepatitis B or C, HIV or any sexually transmitted infection | Yes/ no |
| I. Any h/o chest pain/ palpitation or any heart related disorder | Yes/ no |
| J. Any chronic disease related to kidney or urinary system | Yes/ no |
| K. Any chronic disease of Gastrointestinal tract like duodenal ulcer, fistula/piles | Yes/ no |
| L. Any endocrine related disorder like thyroid | Yes/ no |
| M. Any chronic gynecological problem for female | Yes/ no |
| N. Any other disease not mentioned above | Yes/ no |
| 2. Do you have any physical deformity | Yes/no |
| 3. Do you have any congenital defect | Yes/ no |
| 4. Have you ever been treated for any cancer/tumor/cyst or other growth | Yes/no |

If the answer to any of the above question is yes give detail as

- Name of disease
- Treatment detail
- Treating Doctor
- Any other information related to disease

University is not responsible for the treatment/ complication arises from any of chronic disease and student will have to keep with them all the medicines/ equipment/record or any other thing related to his/ her particular disease.

Declaration

I, hereby declare that the above mentioned statements are true to the best of my knowledge and belief.

(Signature of Candidate)

Place:

Date:

PROFORMA FOR THE AFFIDAVIT FOR GAP PERIOD

I, _____ S/o _____, and resident of

_____ do hereby solemnly
state & affirm as under:-

- (1) That I am a resident of above said address.
- (2) That I have passed _____ class in the year _____ from _____ School/ College /
Institute/ University.
- (3) That I have not joined/admitted in any School/College/Institution due to _____
_____. (Reason)
- (4) That there is a GAP in my studies from _____ to _____.
- (5) That during this period I was not involved in any offence or in an illegal activity and that no Criminal case is
pending against me in any court of law.
- (6) That I command a good reputation and respect in general public.

Deponent (Student)

Verification:-

Verified that the contents of my above said affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed or misrepresented therein. In case the above facts are found in correct at any stage then my admission can be cancelled by the University.

Date:

Deponent (Student)

Place:

(Note: 1. this format is applicable for admissions to the academic session 2017-18)