

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: