

FORM OF MEDICAL CERTIFICATE

(To be signed by Registered Medical Practitioner)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

I certify that I have carefully examined Sh./Smt./Km.

Son/daughter/Wife of Shri whose signature is given below. As a result of his/her examination I certify that nothing adverse has been found which may disqualify him/her from admission to a technical institution under the Government of Delhi. I have to further add that:

1. His/her eyes appear to be
2. His/her heart & lungs are clear
3. His/her weight is
4. His/her height is
5. He/she does not wear glass/wear glass with vision.
6. He/she has not have any disease, mental and bodily infirmity, which will make him/her, unfit in the near future for an active life and training.

Mark of identification

Signature of the candidate

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Name & Signature of the
Medical Officer with seal
& Registration no.....