

## CERTIFICATE OF MEDICAL FITNESS

1. Name of the Candidate : .....
2. Passport Number : .....
3. Date of Birth : .....
4. Sex : Male    Female
5. Father's Name : .....
6. Mother's Name : .....
7. Height : .....
8. Weight : .....
9. Identification Mark : .....
10. Chest Measurement : .....
11. Heart and Lungs : .....
- Piles, Hydrocele,  
    Hernia etc.
12. Vision : .....
13. Colour Blindness : .....
14. Hearing : .....

***PHOTO***  
***(To be attested by the***  
***Doctor signing the***  
***Certificate)***

15. Diagnosis Reports:

- A. HIV : .....
- B. Hepatitis B : .....
- C. Hepatitis C : .....
- D. Tuberculosis : .....
- E. Chest X-Ray : .....
- F. VDRL Syphilis : .....

Certified that the candidate possesses the medical standards and is medically fit for the study abroad.

Place: .....

Date: .....

Signature & Designation with seal of the  
Authorised Medical Officer