



MEDICAL CERTIFICATE for STUDENTS

Name of the student:.....

Signature:

I, Dr. after careful personal examination of the case hereby certify that whose signature is given above, is suffering from

.....was admitted to hospital /was not in a condition to write the examination/ attend class during the period from to (days)

MEDICAL OFFICER

Signature

Seal

Station:

Date :

CERTIFICATE OF MEDICAL FITNESS for STUDENTS

Name of the student:.....

Signature:

I, Dr. do hereby certify that, I have carefully examined Sri./Smt. of the who was suffering from, whose signature is given above, and find that he/she has recovered from his/her illness and is now fit to resume his/her academic work.

I also certify that before arriving at this decision, I have examined the original medical certificate(s) and statement(s) of the case (or certified copies thereof) on which leave was granted or extending, and have taken these into consideration in arriving at my decision.

MEDICAL OFFICER

Signature

Station:

Seal

Date :