



CERTIFICATE OF MEDICAL FITNESS

(To be obtained only from Registered Medical Practitioner)

TO BE SUBMITTED AT THE TIME OF ADMISSION

Name of Candidate: (in Block Letters)

DSVV Roll No: Date of Birth

Father's Name: Signature of the Candidate

Medical Report

Blood Group: Height: Weight:.....

Vision : L : R :

Hearing :

Any Communicable/chronic disease:

Any other disease/Medical History:

Allergies, if any..... Any drug allergy

Family history of any illness

Admitted in Hospital for long time

Any other remarks :

I certify that Mr./Ms son/daughter of is physically, mentally & psychologically fit/unfit for studying and staying in the University hostel.

Name & Signature of the Medical Officer with legible seal

Registration number Date:

For Office use only

Checked By: Remarks(if any):

Checked On: