

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. _____
who is desirous of admission to Ph.D. Course he / she has not given any personal history of any disease incapacitating him
/ her to undergo the Ph.D. course. Also, on clinical examination it has been found that he / she is medically fit to undergo the
said course.

- a) Absence of any incapacitating and/or progressive systemic disease / disorder / condition.
- b) Absence of any disability of upper limb/s.
- c) Absence of any major visual / auditory disability.
- d) Absence of psychosis / neurosis / mental retardation.
- e) Ability to maintain erect posture.
- f) Reasonable manual dexterity.

Date:

Signature:

- 1) Name :
- 2) Registration No:
- 3) Address of the Registered Medical Practitioner:

Seal of the Registered Medical Practitioner