

MEDICAL FITNESS CERTIFICATE

(To be certified by a Registered Medical Practitioner holding a degree not below that of M.B.B.S.)

I certify that, I have carefully examined Ms. / Mr. _____
Daughter / son of Shri _____, whose photo &
signature is given below. Based on the examination I certify that she/he is/has/isn't/hasn't
suffering/suffered with the following diseases in past:

(Please tick on the appropriate option)

1. Any Infectious diseases ever suffered from:

- (a) Chicken Pox
- (b) Hepatitis/ Typhoid
- (c) Malaria
- (d) Dengue/ Chikungunya
- (e) Tuberculosis (TB)
- (f) Asthama
- (g) Covid - 19 (Any / All Variant)
- (h) Any other

Covid Vaccine	1 st	2 nd
Covid Vaccine Booster	1 st	2 nd

- i. _____
- ii. _____
- iii. _____

2. Below the disease, in which the candidate needs regular medical attention throughout her / his stay
at NLUO:

- a. _____
- b. _____
- c. _____

3. Blood Group : _____

I certify that, I have carefully examined Ms. / Mr. _____
daughter / son of Shri _____, whose photo & signature is given below.
Based on the examination I certify that she / he is totally fit to continue her/ his study at NLUO.

Signature of the Student

Signature of the Physician

Seal of the concerned Physician/

Recent Colour Passport
size Photograph to be
attested by the Physician