

ANNEXURE I
MEDICAL FITNESS CERTIFICATE FOR ADMISSION
SESSION: 2019-20

Course Applied for:.....

Name of the School to which the course belongs

1. Name of the applicant (in block letters):.....

2. Father/Guardian's Name:.....

3. Permanent Address:.....
.....
.....

4. Date of Birth:.....

5. Height:..... 6. Weight:..... 7. Blood Group:.....

8. Vision of corrected with glass, provide the power of the lenses:

Left Eye..... Right Eye..... Axis.....

9. Any pre-existing chronic medical condition/ disability (provide details, if any):.....
.....
.....

10. Certified that the medical information, provided above by me, are true and there is no omission of any medical information related to my health.

(Signature of the Parent/Guardian)
Name:.....
Date:.....
Place:.....

(Signature of the applicant)
Name:.....
Date:.....
Place:.....

Date:.....
Place:.....

Counter signed by

Registered Medical Practitioner