**CERTIFICATE FOR MEDICAL FITTNESS**

**FOR**

**QCI LEVEL - I**

Name (In Block Letters)……………………………………………………………………………………………………………………………

Parent/Guardian Name……………………………………………………………………………………………………………………………

Age ……………………… Gender : Male / Female Blood Group……………………………………….

Height : ……………………..(CM) Weight………………………………………(KG)

Heart :……………………….. Lungs :………………………………………

Vision :………………………. Hearing :…………………………………..

Hernia/Hydrocele/Varicocele/Hemorrhoids, Etc……………………………………………………………………………………….

Any Other Disease Diagnosed in the Past :………………………………………………………………………………………………..

Allergies, if any :………………………………………………………………………………………………………………………………………..

Recent surgeries (In last six Month) :…………………………………………………………………………………………………………

Personal Marks of Identification :

1. ……………………………………………………………………………………………………………………………………………………………

2……………………………………………………………………………………………………………………………………………………………..

I do hereby certify that I have examined Sri/Kum/Smt………………………………………………………………………………

Son/Daughter of…………………………………………………………………………….., who is an applicant for admission to

………………………………………Program and could notice that he/she has No disease, constitutions affiliation,

Bodily infirmity or mental unsoundness.

Signature of Candidate ………………………………… Signature of the Doctor ………………………………..

Place : …………………….. Date : ……………………… Name :…………………………………………………………...