

CERTIFICATE OF MEDICAL FITNESS

This is to certify I have conducted clinical examination of
Smt/Mr.
..... who is desirous of admission to Nursing Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the Nursing course.

- (1) Absence of any incapacitating and /or progressive systematic disease/disorder/condition.
- (2) Absence of any disability of upper limb/s,
- (3) Absence of any major visual/auditory disability,
- (4) Absence of psychosis/neurosis/mental retardation.
- (5) Ability to maintain erect posture.
- (6) Reasonable manual dexterity.

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner
Date	

Note: A candidate must be medically fit to undergo the Nursing Courses applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a Letterhead.