Appendix 4

MEDICAL CERTIFICATE**
(FOR THE ACADEMIC SESSION 2026-27)

(TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)

Photograph duly attested by the officer who has certified this certificate

I certify that I have carefully examined Shri/Km/Smt.*_____ son/ daughter/wife of Shri/Smt.* _____whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects which may interfere with his/her studies including the active outdoor duties required of a professional. Visible Mark of Identification _____

Signature of the Candidate_____

Place :

Date :

Name & Signature of the
Medical Officer with Seal and
Registration Number

* Strike whichever is not applicable.

** To be signed by a Registered Medical Practitioner holding a Medical degree.

Note : Use photocopy of this Form