

MEDICAL CERTIFICATE
(from an Authorised/Registered Medical Practitioner)

I certify that Miss/Master,
daughter/son of, resident of
..... is mentally and physically
fit to join school and does not suffer from any communicable disease. She/he has been
immunised/not immunised according to schedule.

Signed:

Name:

Qualification:

Regn No.

Date:

(Stamp/Seal)

Place:

Note:

New Students admitted as boarders will also be examined by the Resident Medical Officer of the Homes after admission.