

MEDICAL CERTIFICATE*

(Should be Printed on Dr.'s Letter Head or signed by an M.B.B.S. doctor)

I, Dr.

personally checked Mr. Son of Mr.

Date of Birth: Address:

..... Pin Cod:

and found that he/she is not suffering from any disease.

His/her blood group is :

Blood Sugar:

Blood Pressure:

Pulse:

Stamp and Signature of Doctor

Name:.....

Phone No.:-

Address:-.....