MEDICAL CERTIFICATE FOR HOSTEL

(To be obtained only from a Gazetted Government Medical Officer)

Name (in Block Letters) :.....

Father's/Mother's Name :.....

Blood Group of the Student :.....

Height :..... Weight :.....

Vision L :..... R :.....

Does the student wear Spectacles/Lenses

☐ No ☐ Yes ☐ Spectacles or Lenses

Any comments regarding vision :.....

.....

Hearing Loss : ☐ No ☐ Yes ☐ Partial

Allergies, if any : .....

.....

Any other remarks (related to Medical History) : .....

.....

I, Dr. ..... after careful personal examination of the case do hereby certify that Mr. ..... is found physically fit to stay in a hostel.

Signature with seal

Place :.....

Ref. No.:.....

Date : .....

Designation :.....