

(Format of Medical Certificate)

CERTIFICATE

(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of admission)

Certified that I have in general and also in regard to following infectious diseases examined
Mr./Ms. _____ (whose signature is given below),
Son/Daughter of Sh. _____ Resident of

	<u>Disease</u>	<u>Finding</u>
a)	Infectious skin diseases	
b)	Psoriasis Foliate	
c)	Tuberculosis	
d)	Trachoma	
e)	Venereal disease	
f)	HIV	

and find that he/she is not suffering from any of the above diseases.

I also certify that after examination, I find that Mr./Ms. _____ is fit
to undergo course of study in Hospitality and Hotel Administration.

(Signature of Candidate)

(Signature of Medical Practitioner)

Seal _____

Regn. No. _____