

**(FORMAT FOR 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 _____

	Disease	Finding
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 _____

Registration No: _____