JIIT NOIDA

PROFORMA FOR MEDICAL CERTIFICATE OF FITNESS FROM MBBS QUALIFIED DOCTOR

(ON LETTER HEAD OF DOCTOR OR LETTER HEAD OF HOSPITAL)

1.	Name of Student :		
2.	Application/ Enrolment No		
3.	Father's Name :		
4.	Medic	al History	
	(a)	Blood Group :	
	(b)	Any Specific Treatment/ Medicine	
5.	Certified by doctor that the student is medically fit to pursue his educational degree.		
6.	Any other relevant Information		
Signature of Doctor:			
Name of Doctor:			
Registration Number:			
Date:			Seal of Medical Officer