

## FORMAT FOR MEDICAL CERTIFICATE

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

### CERTIFICATE

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 Registered Medical  
Practitioner with Seal)