MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a degree not below that of M.B.B.S.)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

(MBA/BBA Admissions, CMAC- 2024)

I certify that I have carefully examined Mr./Ms.*

son/daughter of Shri	whose
signature is given below. Based on the examination, I certify that he/she is in good	mental and
physical health and is free from any physical defects which may interfere with his/	her studies
including the active outdoor duties required of a professional.	

Marks of Identification

Signature of the Candidate _____

Place:

Date:

Name & signature of the Medical Officer with seal and registration number

* Strike whichever is not applicable.