## **ANNEXURE - H**

## **MEDICAL FITNESS**

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead** or on this format with original seal and signature.

· ·	
CERTIFICATE OF MEDICAL FITNESS	
This is to certify that I h	nave conducted clinical examination of
Mr./Ms	who is desirous of admission
to Health Science Courses.	
He/she has not given any personal history of any disease incapacitating him/her to	
undergo the professional course. Also, on clinical examination it has been found that he/she	
is medically fit to undergo the professional course.	
Certified that he/she fulfills the following criteria.	
<ul> <li>(1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,</li> <li>(2) Absence of any disability of upper limb/s.</li> <li>(3) Absence of any major visual/ auditory disability.</li> <li>(4) Absence or psycnosis/neurosis/mental retardation,</li> <li>(5) Ability to maintain erect posture,</li> <li>(6) Reasonable manual dexterity.</li> <li>Though, following deviations have been revealed, in my opinion, these are not</li> </ul>	
impediments to pursue a career as a Medical / Dental / Ayurved / Homeopathy / Unani /	
Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology /	
Prosthetics & Orthotics / BSc Nursing. (Strike, which is not applicable):	
1	
2	
3	
Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
Date:	Seal of Registered Medical Practitioner