

MEDICAL FITNESS CERTIFICATE

To whom so ever it may concern

This is to certify that I have examined Mr./ Miss. _____

He/ she is suffering / not suffering from following diseases

Asthma

Fits / Convulsions

Diabetes

Physical Disability

Hypertension

Mental Disability

Allergy

& have undertaken all vaccination.

Any other major disease (Please specify) -

I certify that Mr. / Miss _____ is physically, mentally & psychologically fit / unfit for Two years Full Time rigorous Educational Training Programme. (Executive MBA Batch 2012)