

ANNEXURE A

(Medical Certificate)

(To be completed by a Registered Medical Practitioner)

Name _____ Age _____

Height _____ Weight _____ Blood Group _____

Date of last vaccination _____

Has she received Covid Vaccination? Yes / No. _____

Date of last inoculation against cholera/typhoid _____

Does the student suffer from any chronic/contagious disease? If yes, provide details

Is the student susceptible to any allergy? If yes, specify _____

I hereby certify that I have examined Ms. _____

daughter/ wife/ ward of Sh. _____ ,

on _____ (date) and found her **medically fit** to reside in the Hostel.

Student Signature
(in presence of Medical Officer)

(Medical Officer Signature & Seal)
Full name, Qualification, Address

Date _____

Place _____

Additional Requirement for Foreign Students: A medical certificate from the National Institute of Communicable Diseases, 22 Sham Nath Marg, Delhi – 110054, is also required in addition to the above medical fitness declaration.

Note:

1. Incomplete forms will not be accepted.
2. Any change in address must be promptly reported by the applicant to the Principal/Warden.