

(FORMAT FOR MEDICAL CERTIFICATE)

CERTIFICATE

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

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)  
Practitioner)

\_\_\_\_\_

(Signature of Registered Medical

Seal \_\_\_\_\_

Registration No: \_\_\_\_\_