CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Shri. / Smt. / Kumari / Kumar,

_____who is desirous to take admission in nursing collage under Maharashtra University of Health Science.

He/ She have not given any personal history of any disease incapacitating him/ her. Also, on clinical examination it has been found that he/ she is medically_____ to take admission in the nursing collage.

Certificate that he/ she fulfil the following criteria:

1.	Absence of any in capacitance &/ or progressive systemic disease/ disorder /condition	Yes/ No
2.	Absence of any disability of upper limbs	Yes/ No
3.	Absence of any major visual/ auditory disability	Yes/ No
4.	Absence of psychosis/ neurosis/ mental retardation	Yes/ No
5.	Ability to maintain erect posture	Yes/ No
6.	Reasonable manual dexterity	Yes/ No

Though the following deviations have been revealed, in any opinion, these are not impediments to take Admission.

Address of the registered medical Practitioner

Date:

Signature:

Name:

Registration No:

Seal of Registered:

Medical Practitioner