**Appendix 6**



**Guru Gobind Singh Indraprastha University**

Sector 16 C, Dwarka, New Delhi - 110078

**MEDICAL CERTIFICATE\*\***

**(TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)**

I certify that I have carefully examined Shri/Km/Smt.\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/ daughter/wife of Shri/Smt.\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects which may interfere with his/her studies including the active outdoor duties required of a professional. Visible Mark of Identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Candidate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Place | : |
| Date | : |

Name & Signature of the

Medical Officer with Seal and

Registration Number

* Strike whichever is not applicable.
* To be signed by a Registered Medical Practitioner holding a Medical degree.