

MEDICAL CERTIFICATE

I Dr. _____
(Name, designation and address of the hospital)

have examined Sri./ Kum. _____ Son / Daughter
of _____ (name and address) on this day
of _____ (D/M/Y) and he / she is found to be healthy and free of any sickness
either physical or mental. She / he is found to be fit for joining the course of
Master of Public Health - 2021.

Date:

Signature:

Place :

Name & Designation :

Seal of the Institution :