

## **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 Post  
Graduate Diploma in Medical Radiological Sciences - 2021.

Date:

Signature:

Place:

Name & Designation:

Seal of the Institution: