

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 M.Phil.in
Clinical Psychology.

Date:

Signature:

Place:

Name & Designation:

Seal of the Institution: