

(FORMAT FOR MEDICAL CERTIFICATE)

CERTIFICATE

(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of Admission)

Certified that I have in general and also in regard to following infectious diseases examined Mr/Ms. _____ (whose signature is given below) Son/Daughter of Sh. _____ Resident of _____

<u>Disease</u>	<u>Finding</u>
a) Infectious skin diseases	
b) Psoriasis Foliate	
c) Tuberculosis	
d) Trachoma	
e) Venereal disease	
f) HIV	

and find that he/ she is not suffering from any of the above diseases.

I also certify that after examination I find that Mr./ Ms. _____ is fit to undergo course of study in Hospitality and Hotel Administration.

(Signature of Candidate)
Practitioner)

(Signature of Registered Medical

Seal _____

Registration No: _____