

**FORM G**

(FOR OFFICE USE ONLY)

**CERTIFICATE OF MEDICAL FITNESS**

**(To be completed by parents prior to entry into the university)**

**Personal Details**

- 1. Name of Student:  
.....
- 2. Date of Birth: ..... Age  
.....
- 3. Name of Parent or Guardian:  
.....
- 4. Course: ..... Stream :  
.....
- 5. Hotel Name : ..... Room No.  
.....
- 6. Telephone: ..... Emergency Local Contact No  
..... (If any)
- 7. E-Mail:  
.....  
.....

**MEDICAL HISTORY**

Does your ward have any of the following conditions?

- |  |                                     |
|--|-------------------------------------|
| Asthma Yes..... No.....                  | Hypertension Yes..... No.....       |
| Diabetes mellitus Yes..... No.....       | Heart disease Yes..... No.....      |
| Tuberculosis Yes..... No.....<br>No..... | Epilepsy/seizure disorder Yes.....  |
| Mental illness Yes..... No.....          | Kidney disease Yes..... No.....     |
| Liver disease Yes..... No.....           | Allergies Yes..... No.....          |
| Drug addiction Yes..... No.....          | Any drug Allergies Yes..... No..... |

If yes to any/some of the above, kindly give details:  
.....

Is your ward presently on medication Yes..... No.....

Kindly give details including names of medication and dosages  
.....

.....  
.....

Name ..... of ..... the ..... Doctor  
..... and his/her

Contact No ..... Registration Number-----

Hereby declare that all the above mentioned details provided are correct and best of my knowledge and I am submitting all the related records with this Medical Certificate.

PLACE: .....

Name and Signature  
of Mother/Father

DATE: .....

***THE CANDIDATE MUST BE MEDICALLY FIT AS PER THE COURSE REQUIREMENT***