



# Guru Gobind Singh Indraprastha University

Sector 16 C, Dwarka, New Delhi - 110078

## MEDICAL CERTIFICATE\*\*

(TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)

I certify that I have carefully examined Shri/Km/Smt.\* \_\_\_\_\_ son/  
daughter/wife of Shri/Smt.\* \_\_\_\_\_ whose signature is given  
below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any  
physical defects which may interfere with his/her studies including the active outdoor duties required of a  
professional. Visible Mark of Identification \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Place :

Date :

Name & Signature of the  
Medical Officer with Seal and  
Registration Number

\* Strike whichever is not applicable.

\*\* To be signed by a Registered Medical Practitioner holding a Medical degree.

*Note : Use photocopy of this Form*