Graphic Era
Institute of Medical Sciences
DEHRADUN

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MEDICAL CERTIFICATE

I, Dr.

_____

_____
(Name, Designation and Address of Hospital)

have examined Mr./Ms. _____

So/Do _____

resident of _____

on _____ (DD/MM/YYYY) and he/she is found to be healthy and free

of any sickness (both mental and physical). He/She is found to be fit for joining the course of MBBS.

Date: Signature:

Place: Name & Designation:

Seal of the Institution