# AJAY KUMAR GARG INSTITUTE OF MANAGEMENT, GHAZIABAD

## MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a degree not below that of M.B.B.S.)

(To BE SUBMITTED AT THE TIME OF HOSTEL ALLOTMENT)

I certify that I have carefully examined Mr./Ms._____

son/daughter of Mr./Ms._____

Based on the examination, I certify that he/she is in good mental and physical health and is free from seizure, depression or any physical defects / chronic ailment. He/she is medically fit to stay in the hostel.

Signature of the Candidate_____

Place:.....

Date:.....



Name & Signature of the Medical Officer

With Seal and registration number

Date:.....