

(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 _____

Disease

Finding

a) Infectious skin diseases

b) Tuberculosis

c) Trachoma

d) Venereal disease

e) HIV

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

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

Please submit your COVID Vaccination Certificate

(Signature of Candidate)

(Signature of Registered Medical Practitioner)

Seal _____

Registration No _____