

**NITC HEALTH CENTRE
MEDICAL CERTIFICATE for STUDENTS**

Signature :

I, Dr. after careful personal examination of the case hereby certify that whose signature is given above, is suffering from

He / she was admitted to hospital / was not in a condition to write the examination/ attend class during the period from to

Place:

Reg. Medical Practitioner

Date

Reg. No:

**NITC HEALTH CENTRE
CERTIFICATE OF MEDICAL FITNESS for STUDENTS**

Signature :

I, Dr. do hereby certify that I have carefully examined Sri./Smt..... of who was suffering from and whose signature is given above, and find that he/she has recovered form his/her illness and is now fit to resume his/her academic work.

I also certify that before arriving at this decision, I have examined the original medical certificate(s) and statement(s) of the case (or certified copies thereof) on which leave was granted or extended, and have taken these in consideration in arriving at my decision.

Place:

Reg. Medical Practitioner

Date

Reg. No: