## **ANNEXURE – H**

## **MEDICAL FITNESS**

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead** or this format with original seal and signature.

CERTIFICATE OF MEDICAL FITNESS	
This is to certify that I have conducted clinical examination of Mr./Ms	
Certified that he/she fulfills the following criteri	ia:
(1) Absence of any incapacitating and/or progressive systemic disease/disorder/condition,	
(2) Absence of any disability of upper limb/s.	
(3) Absence of any major visual/auditory disability.	
(4) Absence of psychosis/neurosis/mental retardation,	
<ul><li>(5) Ability to maintain erect posture,</li><li>(6) Reasonable manual dexterity.</li></ul>	
(0) Reasonable manual descenty.	
Though, following deviations have been revealed, in my opinion, these are not	
impediments to pursue a career as a Medical.	
1	
2	
3	
J	
Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
Date:	Seal of Registered Medical Practitioner