

Certificate of Medical Fitness
(To be obtained from a Registered Medical Officer/Practitioner)

This is to certify that I have carefully examined Mr./Ms. _____ S/D/o
Mr./Mrs. _____ R/o _____
_____ who has signed in my presence.

He/she is in good mental & physical health and is free from any type of physical/chronic ailments. The candidate is fit to join the Engineering/Management/Economics/Law program offered at BML Munjal University, Gurugram etc.

Medical History (Past/Present)- Please specify with supporting documents

Signature of the Candidate

Place: _____

Date: _____

**Signature of the Medical Officer/
Practitioner with legible Seal**

Place: _____

Date: _____