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(Annexure

MEDICAL FITNESS DECLARATION

1. I, declare that I am not suffering from any infection, chronic or any other disease, which make me unfit for stay in the hostel.
2. In case I have any medical problem requiring any specific facility in the hostel, the same is indicated along with supporting document.
3. My blood group is.....

Signature of the Applicant

MEDICAL CERTIFICATE

(To be filled in by Medical officer of the University Health Center or any other Medical Officer of the rank not below that of the civil surgeon, after proper checkup of the student)

This is to certify that I have examined Mr.....S/o
Shri.....on.....and have found him medically
fit/unfit for stay in the University hostel.

Date.....

Signature of the
Doctor

With rubber stamp and designation

The foreign students are also required to produce the medical certificate form the National Institute of Communicable Disease , 22 Sham Nath Marg, Delhi-110054, in terms of letter no. F-14/6/86/8 ±ESII dated 20th April 1987, from the Ministry of Human Resources Development , department of Education, Government of India, New Delhi.