



MAHARASHTRA NATIONAL LAW UNIVERSITY, AURANGABAD

PROFORMA

FOR

CERTIFICATE OF MEDICAL FITNESS

(To be submitted at the time of admission. Certificate in any other form shall not be accepted)

To be obtained only from Registered Medical Officer / Medical Officer of a Government Undertaking.

Name _____

(In Block Letters)

Father's Name : Mr. _____

Gender : Male Female

Age : _____

Height : _____ Weight _____

Remarks (if any): _____

Station : _____

Signature of the candidate

Date : / /

I certify that I have carefully examined Mr./Ms. _____

Son / Daughter of Mr. _____

In my presence.

He / She has no mental and physical disease and is FIT.

Signature of the Medical Officer with legible seal.

(WITH NAME AND REGISTRATION NUMBER)