

# CERTIFICATE OF HEALTH

The Principal,  
Polytechnic for Women  
A-3, South Extn. Part-I  
Ring Road, New Delhi-110 049

I, the undersigned have examined Miss / Mrs. ....  
..... D/o / W/o Shri .....  
..... and certify that :

1. I know the student for Months / Years.
2. Is there any past serious ill ?
3. If so give details
4. Are her eyes and ears fit ?
5. Has she any organic disease ?
6. Do you consider her to be physically fit for the Polytechnic course ?
7. Do you consider her to be physically fit for stay in Hostel ?
8. General Remarks.....  
.....

Signature of the Doctor

Date

Note : This is to be obtained from a Regd. Medical Practitioner only.  
(Preferably a lady doctor)