



Guru Gobind Singh Indraprastha University
Sector 16 C, Dwarka, New Delhi - 110078

Photograph
duly attested by
the officer who
has certified
this certificate

MEDICAL CERTIFICATE**
(FOR THE ACADEMIC SESSION 2020-21)
(TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)

I certify that I have carefully examined Shri/Km/Smt.* _____
son/ daughter/wife of Shri/Smt.* _____ whose
signature is given below. Based on the examination, I certify that he/she is in good mental and physical
health and is free from any physical defects which may interfere with his/her studies including the active
outdoor duties required of a professional. Visible Mark of Identification

Signature of the Candidate _____

Place :

Date :

Name & Signature of the
Medical Officer with Seal and
Registration Number

* Strike whichever is not applicable.

** To be signed by a Registered Medical Practitioner holding a Medical degree.

Note : Use photocopy of this Form