

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a degree not below that of M.B.B.S.)
(TO BE SUBMITTED AT THE TIME OF ADMISSION)

I hereby certify that I have examined Mr./Ms. _____, a candidate for admission to the Post Graduate Programme in Management at FORE School of Management, New Delhi/Gurugram and that as per my diagnosis he/she has no disease, constitutional affliction or bodily infirmity except _____.
I do not consider this as a disqualification for admission to the Post Graduate Programme in Management at FORE School of Management, New Delhi/Gurugram.

His/her age, according to his/her own statement, is _____ years and by appearance is about _____ years

Marks of Identification _____

Signature of the Candidate _____

Place:

Date:

Name & signature of the Doctor with
seal and registration number

* Strike whichever is not applicable.