MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt. Lakshmi. S
Son / Daughter of Shri Subramaniyan aged
19 Years, of Village: Pattambipalam P.O.
..... P.S Kollengi
Dist. Palakkad State Kerala PIN 678573 and certify that, he / she is free from deafness, defective vision (including colour vision) or any other infirmity, mental or physical, likely to interferewith the efficiency of his / her work and found him / her possessing good health.

This certificate is being given to him /her for the purpose of Admission to BDS
.....

Lakshmi
Signature of Candidate

(To be signed in presence of the Medical Officer)

Signature of Medical Officer: N.V.Vishnu
Name of Medical Officer: Dr. Dr. Vishnu Narayanan
Registration No. 85016.

Assistant Surgeon
Family Health Center
Peringottukurussi
Paruthippulli (PO)-678 573
Phone: 04922-217340

Family Health Center ★ Peringottukurussi ★

Dated:

Seal

Note: Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with Medical Council of India, shall only be valid. The date of issue of the medical certificate should be within **one year** from the date of application.