MEDICAL CERTIFICATE OF FITNESS

I have examined ~~Shri~~ / Kumari / ~~Smt.~~ SANTA MARIA
~~Son~~ / Daughter of Shri THOMAS WILSON aged
20 Years, of Village: PARAVOOR P.O.
VADACKAL P.S VADACKAL
Dist. ALAPPUZHA State KERALA PIN 688003 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 Allotment for BDS

Signature of Candidate

(To be signed in presence of the Medical Officer)

Signature of Medical Officer:

Name of Medical Officer: Dr. ATHULYA. K. PAUL

Registration No. 85689

Dated: 27/9/25
Pulapra

SAGARA HOSPITAL PUNNAPRA * CAPE * KERALA * VADACKAL P.O., ALAPPUZHA-3

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.