

MEDICAL CERTIFICATE

(To be filled by the family physician or Medical officer [Any Registered Medical Practitioner])

I have examined _____ (name of student) and found him/her fit to undergo the Preparatory Military Training offered by Bhonsala Military College. I further certify that

- 1) He/She is not knock-kneed, epileptic or flat footed and has been duly inoculated / vaccinated.
- 2) He/She is allergic to _____
- 3) His / her Blood Group is _____
- 4) His / Her weight is _____ kgs, Height is _____ cms and BMI is _____

Place -: _____

Name of the Doctor _____

Date -: _____

Signature _____

Reg.No. _____

**Seal &
Stamp**