

Ashok Institute of Hospitality & Tourism Management
C-12 A, Qutab Institutional Area, New Delhi-110016

FORM OF MEDICAL CERTIFICATE
(To be submitted at the time of admission)

This is to certify that I have carefully examined Mr. / Ms. / Mrs.....
son/ daughter/ wife of Mr.....whose signature is given
below As a result of his/ her examination I certify that nothing has been found which may
disqualify him/ her from admission to a course in a Technical Institute. I have further to
report that:

1. His/ Her eyes appear to be _____
2. His/ Her heart and lungs are clear _____
3. His/ Her chest measurement is normal _____ expanded

4. His/ Her weight is _____
5. His/ Her height is _____
6. He/ She wear glass/ do not wear glass _____ vision.
7. He/ She have no disease, mental and bodily infirmity, which makes him/ her unfit in
the near future for an active life and studies as well as for practical.
8. He/ She does not suffer from:
 - ✓ Infections Skin Disease
 - ✓ Psoriasis Follicles
 - ✓ Tuberculosis
 - ✓ Trachoma
 - ✓ STD
 - ✓ Epilepsy
 - ✓ Leucodermal / Leprosy

Medical Practitioner's Signature & Stamp

Registration No. _____

Marks of Identification _____ Address _____

Signature of Candidate _____

Telephone No. _____