Appendix 5



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY (A State University established by the Govt. of NCT of Delhi) Accredited as NAAC A++ Grade



MEDICAL CERTIFICATE** (FOR THE ACADEMIC SESSION 2023-24) (TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)

Photograph duly attested by the officer who has certified this certificate

| I certify that I have | carefully ex | amined | Shri | /Km/Smt.* | | | | |
|------------------------|--------------|-----------|-------|-------------------|--------------|-------------|----------|---|
| son/ daughter/wife | of Shri/Sm | t.* | | | | | | whose |
| signature is given be | low. Based | on the ex | xami | nation, I certify | that he/she | is in good | d men | al and physica |
| health and is free fro | m any physi | cal defe | cts w | hich may interf | ere with his | /her studie | es incl | ading the active |
| outdoor duties | required | of | a | professional. | Visible | Mark | of | Identification |
| | | | | | | | | |
| Signature of the Can | didate | | | | | | | |
| | | | | | | | | |
| Place | | | | | | | | |
| Date | | | | | | | | |
| Date | • | | | | | NT | o G. | . C.1 |
| | | | | | N | Medical Of | fficer v | nature of the with Seal and tion Number |
| * Strike whichever is | not applicat | ole. | | | | | | |
| ** To be signed by a | Registered I | Medical 1 | Pract | titioner holding | a Medical d | egree. | | |
| | Λ | lote : Us | e ph | otocopy of this I | Form | | | |