



**Guru Gobind Singh Indraprastha University**  
Sector 16 C, Dwarka, New Delhi - 110078

Photograph  
duly attested by  
the officer who  
has certified  
this certificate

**MEDICAL CERTIFICATE\*\***  
**(FOR THE ACADEMIC SESSION 2021-22)**  
**(TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)**

I certify that I have carefully examined Shri/Km/Smt.\* \_\_\_\_\_  
son/ daughter/wife of Shri/Smt.\* \_\_\_\_\_ whose  
signature is given below. Based on the examination, I certify that he/she is in good mental and physical  
health and is free from any physical defects which may interfere with his/her studies including the active  
outdoor duties required of a professional. Visible Mark of Identification  
\_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Place :

Date :

Name & Signature of the  
Medical Officer with Seal and  
Registration Number

\* Strike whichever is not applicable.

\*\* To be signed by a Registered Medical Practitioner holding a Medical degree.

*Note : Use photocopy of this Form*