

Medical Fitness Certificate for Science and Technology Fellowship Trust

Doctors/Physician from Government Medical will provide the certificate in their own Institution's pad

Date:

Name & Designation: (Fellow):

Age:

Gender:

Physical and laboratory examination:

Pulse:

BP:

Respiratory rate:

Auscultation:

Complete blood count:

Malaria Parasite:

VDRL:

MT:

Vision:

Lipid Profile:

HBs (Ag):

Chest X-Ray:

Hearing Comments:

Overall Comments:

Sign & Seal by the Doctor

A