FORMAT FOR MEDICAL FITNESS

For admission to Post Graduate AYUSH Courses

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. ................................................................., who is desirous of admission to Postgraduate AYUSH Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the postgraduate AYUSH course (AIAPGET-2019).

(1) Absence of any incapacitating and/or progressive systematic disease/disorder/condition,
(2) Absence of any disability of upper limb/s,
(3) Absence of any major visual/auditory disability,
(4) Absence of psychosis/neurosis/mental retardation,
(5) Ability to maintain erect posture,
(6) Reasonable manual dexterity.

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<th>Address of the Registered Medical Practitioner</th>
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| Name                                          |           |
|                                               |           |

| Registration No.                               | Seal of Registered Medical Practitioner |
|                                               |                                       |

| Date                                           |                                           |
|                                               |                                           |

Note: A candidate must be medically fit to undergo the Postgraduate AYUSH Courses (AIAPGET-2019) applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a Letterhead.