

Medical Fitness Certificate

I hereby certify that I have examined Mr./Ms. _____ a candidate for admission to the Post-Graduate Programme in Management (2018-2020 batch) at the Indian Institute of Management Nagpur, which is a 2-year, full-time, residential programme. I cannot discover that he/she has any disease or constitutional affliction except for _____. I do not consider this likely to hinder his/her studies at the Indian Institute of Management Nagpur.

Also, he/she is not suffering from any mental and/or physical ailment and is both mentally and physically fit.
His/Her age according to his/her own statement is _____ years and by appearance about _____ years.

Specimen Signature of candidate

Signature of the Medical Examiner

Name of the Doctor: _____

(Seal)

Registration No: _____

Address: _____

Place: _____

Date: _____