

## Medical Fitness Certificate

I hereby certify that I have examined Mr./Ms. \_\_\_\_\_ a candidate for admission to the Post-Graduate Programme in Management (2017-2019 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: \_\_\_\_\_