

Medical Certificate

Signature of Applicant

I (Name) ..... after careful personal  
examinations of the case hereby certify that (Name & Address)  
.....

.....studying the ----th semester of Sreerama Govt. Polytechnic  
College, Thruprayar whose signature is given above has no epidemic disease as of now.

Name & Signature of Medical Officer

Register No.

Part of Registration

System of medicine

Place :

Date :