

MEDICAL CERTIFICATE

I certify that I have carefully examined Shri/km/Smt.* _____
son/daughter/wife of Shri/Smt.* _____

whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects which may interfere with his/her studies including the performance of different Yogic practices required of a professional.

Visible Mark of identification _____

Signature of Candidate _____

Place : _____

Date : _____

Name & Signature of the
Medical Officer with Seal
and Registration Number