

MEDICAL CERTIFICATE

I do hereby certify that I have examined Mr. / Ms.
Son/Daughter ofAddress:
.....
.....

candidate for enrolment at the KIIT School of Management, Kalinga Institute of Industrial Technology (KIIT) Deemed to be University for the two year full-time residential MBA course and cannot discover that he/she has any disease, constitutional affliction or bodily infirmity except **His/ her Blood Group is**

I consider/ do not consider this, as a disqualification for his/ her enrolment and continuance in the management course. His/ Her age is, according to his/ her own statement, years and in appearance he / She is about years.

Place: Registered Medical Practitioner

Name:

Date:

Registration No.

Designation (with seal):

Signature of the Student

Signature is attested by me

Signature of Medical Practitioner