

POST GRADUATE GOVERNMENT COLLEGE FOR GIRLS SECTOR 42, CHANDIGARH

ANNEXURE 'B'

HOSTEL'S MEDICAL FITNESS CERTIFICATE

Session 20 -20

I, Dr. _____

certify that I have carefully examined Ms. _____

D/O Mr./Mrs. _____

Address _____

Whose signature is given below.

Based on the examination, I certify that she is in good mental and physical health and is not suffering from any chronic ailment/allergy/fatal disease. She is fit to join the hostel.

Blood group of the Student:

Date:

**Signature of the Medical Officer
with official seal and date.**

Signature of the Student

Signature of the Father/Mother