

MEDICAL CERTIFICATE

This is to certify that Master /Miss : _____

S/o (or) D/o : _____ Age: _____

Residing at _____

Has been examined by me. He / She is medically fit to seek admission in any institute under the management of DPIS School. (Comment in case of any illness)

Blood Group: _____ Height (in cms) : _____ Weight (in kgs) : _____

Identification marks : 1. _____

2. _____

Place : _____ Date: _____

DELHI PUBLIC INTERNATIONAL SCHOOL

Signature
Designation & Reg. No. Of the Medical Officer
(Candidate to be examined by a Registered Medical practitioner only)