

**Medical Certificate**

Name			
Parent's Name			
Age / Date of Birth		Sex	

**General Examination**

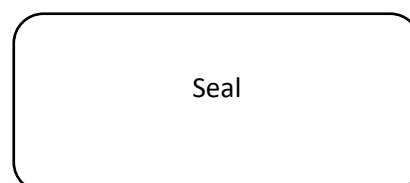
Temperature (°F)		Pulse (per min)	
Blood Pressure (mm of Hg)		Throat	
Cardio-vascular System			
Respiratory System			
Abdomen			
Nervous System			
Any Other			

The above findings are recorded by me and I found \_\_\_\_\_  
 (name of student) is in a good state of health at present.

Signature of Registered Medical Practitioner

Regd No:

Date:



*The certificate should be brought within 7 days before reaching NISER. The registered medical practitioner should belong to modern system of medicine (allopathic) having minimum qualification of MBBS.*