

MEDICAL FITNESS CERTIFICATE

(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of Admission)

NAME of candidate: Age: Sex:

General Examination : -

Weight:
Height :
Pulse rate :
Blood Pressure :
EYE SIGHT : Acuity Good/ Fair / Poor
Color vision Good/ Fair / Poor

HEARING: Right Ear Good/ Fair / Poor
Left Ear Good/ Fair / Poor

I also certify that after examination I find that Mr. / Miss
have no any infectious skin disease and is fit to perform all practical classes as mentioned
below and to undergo course of study in Hospitality and Hotel Administration.

- Cutting/ Chopping of all vegetables ;
- Cooking in kitchen;
- All work in bakery and Confectionary;
- Service of Food and Beverages;
- Floor moping, handling of vacuum cleaner;
- Computer operation;

(Signature of Registered Medical Practitioner)

Seal : _____

Registration No: _____