

**W.B. NATIONAL UNIVERSITY FOR JURIDICAL SCIENCES
PROFORMA
FOR**

CERTIFICATE OF MEDICAL FITNESS

(To be submitted at the time of admission. Certificate in any other form shall not be accepted)

To be obtained only from Registered Medical Officer/Medical Officer of a Government Undertaking.

Name
(in Block Letters)

Father's Name : Mr.

Gender:.....

Age:

Height : Weight

Remarks (if any) :

I certify that I have carefully examined Mr./Ms.

son/daughter of Mr.

in my presence.

He/she has no mental and physical disease and is FIT.

Signature of the candidate

Station :

Signature of the Medical Officer
with legible seal.

(WITH NAME AND REGISTRATION NUMBER)

Date :