

MEDICAL FITNESS CERTIFICATE

(to be signed by a registered medical practitioner holding a medical degree)

**Candidate
Photograph
(to be
attested by
the
doctor
signing
the
certificate)**

I certify that I have carefully examined Mr./Ms. _____
D/S/o Sh. _____ whose signature is given
below. Based on the medical examination, I certify that he/she is in good
mental and physical health and is free from any physical defects which may
interfere with his/her studies for pursuing the course as prescribed by the
Panjab University, Chandigarh.

NAME OF COURSE	TICK COURSE APPLIED
B.Ed. (Yoga)	
M.A. (Yoga)	
Post Graduate Diploma in Yoga Therapy	
Basic Certificate Course in Yoga Education	

Mark of Identification _____

Signature of the Candidate _____

Medical Practitioner Regd. No. _____ (Compulsory)

Name & Signature of the
Medical Officer with Seal

**The certificate must be from the medical officer or any rank above it
from any Central/State Government Hospital/Dispensary/Medical
College must be brought by the candidate at the time of counselling.**