

HEALTH WELLNESS CERTIFICATE

Certified that Mr. / Miss _____ S/D/O
_____ Roll No. _____ of _____ MBBS / BDS
Class is in good health and free from any symptoms of diseases like COVID 19, Hepatitis
or any other contagious / Infectious disease.

Signature of the Student

Date: _____

Signature _____

PM&DC No. _____

Date: _____

- To be signed and stamped on letter head by registered Medical Officer.
- To be submitted in Medical Education Department before joining the Institution.