

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: _____