



## **MEDICAL FITNESS CERTIFICATE** **(Session 2026-2030)**

(Photograph)

NUMS Candidate ID: \_\_\_\_\_

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

Mark of Identification: \_\_\_\_\_

I certify that I have examined Mr/Ms \_\_\_\_\_ Son/Daughter of \_\_\_\_\_ who is an applicant for admission to undergraduate program at FUMC and found him / her, physically and mentally FIT for undertaking medical studies.

Signature of Doctor with Legible Seal

Signature of Candidate (in presence of

Doctor's Name: \_\_\_\_\_

Dated: \_\_\_\_\_

PM&DC Reg No: \_\_\_\_\_

Dated: \_\_\_\_\_