



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: _____