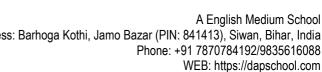
Email: info@dapschool.com



With seal and registration number



DAP School (A School of Status)

## **Medical Fitness Certificate**

(To be signed by a registered medical practitioner holding a Medical Degree)

## (TO BE SUBMITTED AT THE TIME OF ADMISSION)

Space for Photograph

certify that I have carefully examined Mr./Ms.*	
Son/daughter of Shri	whose
Signature is given below. Based on the examination, I certify	that he/she is in good mental and physical health
and is free from any physical defects which may interfere with	th his/her studies including the active outdoor
duties required of a professional.	
Marks of Identification:	
Signature of the Candidate:	
Place:	
Date:	
	Name & signature of the Medical Officer

\* Strike whichever is not applicable.