

GATEWAY GROUP OF INSTITUTIONS
Sector-11 Sonipat Delhi –NCR

MEDICAL CERTIFICATE FOR HOSTEL STUDENT'S

(To be Certified by a Gazetted /Government Medical Officer)

Student's Name (in Block Letters):-

Contact No:-

Father's Name:-

Contact No:-

Mother's Name:-

Contact No:-

Blood Group of the Student:- :

Height: -

Weight:-

A. Do you take any Medicine Regularly:-

Yes:-

No:-

(If, Yes) Please Mention Details:-

B. Allergies, if any:-

C. Are you a Patient of Depression / Psychological Disorder & are you taking any Medicine:-

Yes:-

No:-

(If, Yes) Please Mention Details:-

D. Any other remarks (related to Medical History):-

Signature of the Parents

Signature of the Candidate

I, Dr. _____ after careful personal examination of the case do hereby certify that Mr./Ms. _____ is found physically/Medically fit to stay in a College hostel.

Signature with seal:

Ref. No. :- _____

Designation: _____

Date : _____

Place:- _____