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Subject Offered at the Last Ex	am.			
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Enclose Proficiency Cert	tificate in any			
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Student Name:_

Class:

MEDICAL FITNESS CERTIFICATE

(For Registered Medical Practitioner)

I have thoroughly examined'* Shri/Ku . ______today the ______day of _____20 ____and therefore certify that * He /She Has sound infirmity no disease no serious detects in eye sight, not physical disability and no mental in firmly . I further certify that He / She is lit to undergo instruction in Pharmacy and *He /She has nothing that can unfit *Him /Her now or in future to undergo manual work in laboratories, classroom, hospitals, drug stores. etc . or any outdoor service as pharmacists .

Date :-	Signature :	niget Ka
Address:	Name :	المرادلي -
	Qualifications :-	
	Registration No.	-

SCRUTINY FORM

SR.NO.	COPIES OF CERTIFICATES	REMARKS FOR SCRUTINY
1.	Democile Certificate for other state applications	NA/Yes /No
2.	SSC Certificate	Yes /No
3.	Mark sheet of SSC Examination	Yes /No
4.	Attempt Certificate	NA/Yes /No
5.	Leaving Certificate of the last attended College	Yes /No
6.	HSSC Mark Sheet	Yes /No
7.	Cast Certificate for SC/ST	NA Nes/No
8.	Cast Certificate for OBC/DT/NT/SBC	NA/Yes /No
9.	Medical Fitness Certificate for physically handicapped	NA/Yes/ No/
10.	Medical Fitness Certificate for Applicant	Yes/No.
11.	Transfer Certificate III case of employee of Govt. of India of Govt. of India Undertaking	NA/Yes /No
12	Defence Certificate	NA/Yes /No
13.	Creamy layer for NT2, NT3, and OBC	Yes/No.