



GUJARAT INSTITUTE OF HOTEL MANAGEMENT

Vaid House Behind Sun Pharma Research Centre, Next to Ashwamegh -1, Akota, Vadodara 390020
(M)9510210604, Ph.(0265) 2331116, 3293346 Email: info.baroda@gihm.in Web: www.gihm.in

CERTIFICATE OF PHYSICAL FITNESS

Form No.

Students
Photograph
Attested
by Doctor

(To be filled by Registered Medical Practitioner)

Name of the Applicant

Address

1.Dr. _____ Reg. No. _____

Certify that the above applicant is not suffering from any of the disease mentioned below, nor from any other disease which may be contagious, infectious or harmful to others.

- | | |
|--|--|
| 1. Infectious skin diseases | 4. Venereal Disease |
| 2. Tuberculosis | 5. Trachoma |
| 3. Epilepsy or any type of convulsions | 6. Any physical or mental disability that may hinder his education |

I also certify that the applicant has not suffered from the above mentioned diseases.

DATE

PLACE

SIGN OF THE DOCTOR

Complete Address of Doctor with Telephone No.