South Asian University

An International University Established by the Governments of SAARC Nations in 2008

(Admissions 2026-17)

MEDICAL FITNESS CERTIFICATE

Section 1

(To be filled in by the Student)

I, Mr/Ms _____ Date of Birth _____

Son/Daughter of _____,

permanent address_____

_____

_____

do hereby declare that I am not suffering from any chronic disease nor I have in the past one year, except _____for which I am on medication since _____, but it will not be a disqualification / hindrance for the academic programme I am going to pursue at the South Asian University. I also certify that I am not suffering from any kind of communicable disease(s).

Signature of Candidate with date **Signature of Parent with Date**

Section 2

(To be filled in by a Registered Medical Practitioner)

I, Dr. _____after a thorough examination of Mr/Ms _____on this date _____certify that he/she is fit to pursue the academic programme at the South Asian University, New Delhi for which he/she is enrolled. I also declare that he/she is medically and physically fit to join the programme, and whatever he/she has declared above is true to the best of my knowledge.

Signature of Medical Practitioner with Seal

Place: _____

Date: _____