

## MEDICAL FITNESS REPORT FORM

ADMISSION INTO FIRST YEAR MBBS CLASS FOR THE SESSION 2024-25

NAME OF THE CANDIDATE: \_\_\_\_\_

### EXAMINATION

### SIGNATURE OF DOCTORS

<b>MEDICAL</b>		
<b>SURGERY</b>		
<b>DERMATOLOGY</b>		
<b>VISION</b>		
<b>X-RAY IF REQUIRED</b> <b>X-RAY</b> <b>DEPARTMENT</b>		
<b>PSYCHIATRY</b>		

(Irfan)