



National University of Study and Research in Law, Ranchi

Medical Certificate

- Name :
- Father's Name :
- Gender : (a) Male (b) Female (tick mark whichever is applicable)
- Date of Birth : Date Month Year
- Home Address :



6. Address for Correspondence : PIN

..... PIN

7. In Emergency Contact : PIN

8. Height : Weight :

9. Blood Group :-

10. Are you suffering from any communicable / infectious diseases ?
 (a) If yes, write the name of the disease :
 (b) No :

11. Are you allergic to any medicine ?
 (a) If yes, Write the name of the medicine :
 (b) No :

12. Do you need any medical assistance on continuous basis? If yes, explain, why and what kind of assistance is required?

13. Doctor's comment :

Signature of the Doctor
Name of Doctor
Reg. No.
Stamp