

## MEDICAL FITNESS CERTIFICATE

(To be completed and signed by a registered Medical Practitioner as per Govt. of India guidelines and presented by the candidate at the time of Admission)

NAME of candidate: ..... Age: ..... Sex: .....

**General Examination :-**

Weight : .....

Height : .....

Pulse rate : .....

Blood Pressure : .....

EYE SIGHT : Acuity : ..... Good/ Fair / Poor

Color vision: ..... Good/ Fair / Poor

HEARING: Right Ear : ..... Good/ Fair / Poor

Left Ear : ..... Good/ Fair / Poor

I also certify that after examination I find that Mr /Miss ..... have no any infectious skin disease and is fit to perform all practical classes as mentioned below and to undergo course of study in Hospitality and Hotel Administration.

- o Cutting/ Chopping of all vegetables ;
- o Cooking in kitchen;
- o All work in bakery and Confectionary;
- o Service of Food and Beverages;
- o Floor moping, handling of vacuum cleaner;
- o Computer operation;

(Signature of Registered Medical Practitioner)

Seal \_\_\_\_\_

Registration No: \_\_\_\_\_