



Guru Gobind Singh Indraprastha University
“A State University Established by the Govt. of NCT of Delhi”
Accredited as NAAC A++ Grade



Appendix 5

MEDICAL CERTIFICATE**
ACADEMIC SESSION 2026-27
(TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)

I certify that I have carefully examined Shri/Km/Smt.* _____ son/
daughter/wife of Shri/Smt.* _____ whose signature is given
below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any
physical defects which may interfere with his/her studies including the active outdoor duties required of a
professional. Visible Mark of Identification _____

Signature of the Candidate _____

Place :

Date :

Name & Signature of the
Medical Officer with Seal and
Registration Number

* Strike whichever is not applicable.

** To be signed by a Registered Medical Practitioner holding a Medical degree.

Note : Use photocopy of this Form