



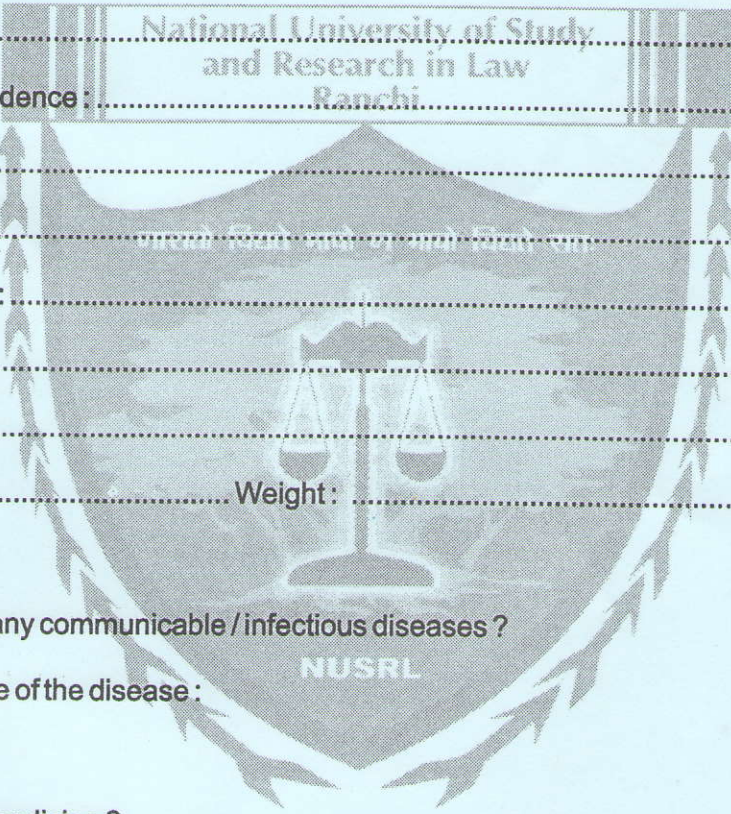
# National University of Study and Research in Law, Ranchi

## Medical Certificate

- 1. Name : .....
- 2. Father's Name : .....
- 3. Gender : (a) Male  (b) Female  (tick mark whichever is applicable)
- 4. Date of Birth : Date ..... Month ..... Year .....
- 5. 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**