



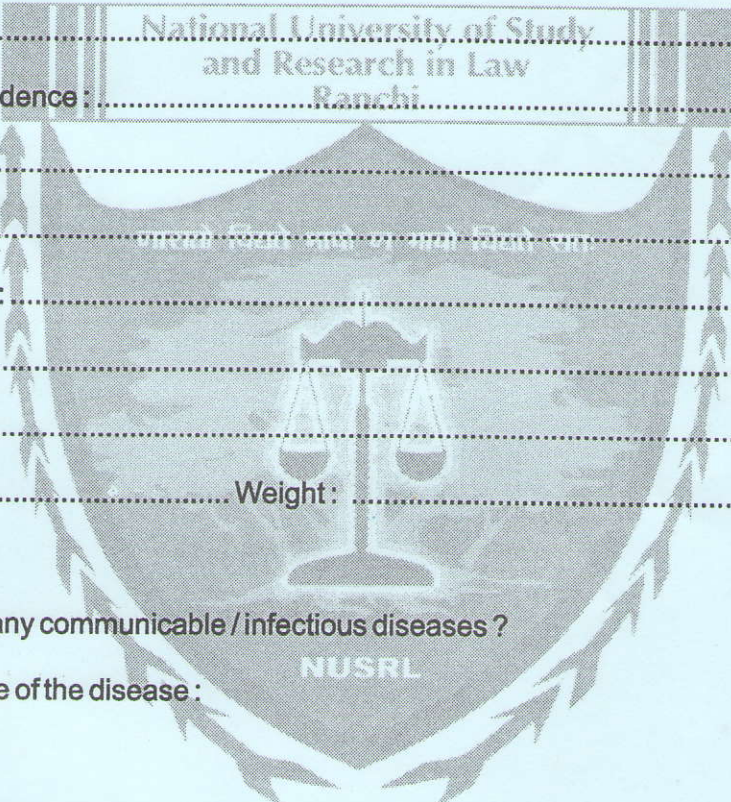
# National University of Study and Research in Law, Ranchi

## 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



7. In Emergency Contact : ..... PIN

8. Height : ..... Weight : ..... PIN

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**