



STATE INSTITUTE OF HOSPITALITY MANAGEMENT

VARAKAAL BEACH KOZHIKODE

(Jointly Sponsored by Government of India and Government of Kerala)

(Affiliated to National Council for Hotel Management and Catering Technology, Noida)



MEDICAL CERTIFICATE

(To be completed and signed by a registered MBBS Doctor and submitted with the application form)

Certified that I have examined Mr /Ms _____ (whose signature is given below) son/daughter of Shri _____ residing at

in general, and in regard to the following infectious diseases.

S.N	Diseases	Findings
1	Infectious Skin diseases	
2	Psoriasis Foliate	
3	Tuberculosis	
4	Trachoma	
5	Venereal disease	
6	HIV	

I find that he/she is not suffering from any of the above diseases. I also certify that after examination I find that Mr./Ms. _____ is fit to undergo _____ and his blood group is _____.

Signature of the candidate

Signature of registered Medical Practitioner

Seal

Registration No.