



**NATIONAL INSTITUTE OF SCIENCE EDUCATION & RESEARCH
BHUBANESWAR**

MEDICAL CERTIFICATE OF FITNESS

Signature of Student _____

I, Dr. _____, Medical Officer of _____

do hereby certify that I have carefully examined Shri./ Ms.
_____ whose signature is given above, and find that he/
she recovered from his/ her illness and is now fit to resume classes. I also certify that
before arriving at this decision, I have examined the original medial certificate(s) and
statement(s) of the case (or certified copies thereof) on which leave was granted or
extended and have taken these into consideration in arriving at my decision.

Date: _____

Medical Officer /
Authorised Medical Attendant /
Registered Medical Practitioner

Seal