

FORM NO. 1

UNDERTAKING BY CANDIDATE FOR MEDICAL FITNESS

I certify that I have no such physical handicap/disability which would hinder the pursuits of studies in the course in which I am seeking admission. If at later stage it is found that I have a physical handicap/disability which would hinder the pursuits of studies in the course in which I am seeking admission will be liable to be cancelled. I will produce medical fitness certificate from a Registered Medical Practitioner before my joining the Institution.

Date: _____

Counter signed by Father/Guardian

Signature of the Candidate