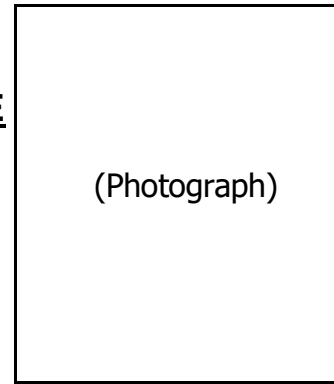




**CMH KHARIAN MEDICAL COLLEGE**

**MEDICAL FITNESS CERTIFICATE**  
**(MBBS 2023-24)**



Candidate ID: \_\_\_\_\_

Name: \_\_\_\_\_

CNIC No.: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age (in years): \_\_\_\_\_

Mark of Identification (if any): \_\_\_\_\_

**Declaration by the Doctor**

I certify that I have examined Mr./Ms. \_\_\_\_\_  
Son/Daughter of \_\_\_\_\_ who is an  
applicant for admission to Undergraduate Program MBBS at CMH Kharian Medical College  
and found him / her, physically and mentally FIT for undertaking medical studies.

\_\_\_\_\_  
Signature & stamp of Doctor with  
Legible Seal

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

PM&DC No: \_\_\_\_\_

Dated: \_\_\_\_\_ 2023

\_\_\_\_\_  
Signature of Candidate (in  
Presence of Doctor

Dated: \_\_\_\_\_ 2023