**Format for Medical Certificate**

## MEDICAL CERTIFICATE

This is to certify that I have examined Shri/ Smt/ Miss.....
.....from.....
aged .....on.....and found him/her to be physically and mentally fit.

Shri/ Smt/ Miss.....does not suffer from any contagious disease or mental sickness and is able to move about freely.

He/She suffering from.....

This certificate is issued on request of the patient to produce it before Institute of Public Assistance ( Provedoria ), in order to get admission in Old Aged Home.

Signature of Doctor

Place:
Date:
Office Seal: