



॥वसुधैव कुटुम्बकम्॥

SYMBIOSIS SCHOOL OF CULINARY ARTS

Symbiosis International University

Founder: Prof. S. B. Mujumdar, M.Sc., Ph.D. (Awarded Padma Bhushan and Padma Shri by President of India)

(FORMAT FOR MEDICAL CERTIFICATE)

CERTIFICATE

(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of Admission)

Certified that I have in general and also in regard to following infectious diseases examined

Mr/Ms. _____ (whose signature is given below) Son/Daughter of

Sh. _____ Resident of _____

Disease

Finding

- a) Infectious skin diseases
- b) Psoriasis Foliate
- c) Tuberculosis
- d) Trachoma
- e) Venereal disease
- f) HIV

and 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 course of study in Culinary arts.

(Signature of Candidate)

(Signature of Registered Medical practitioner)

Seal _____

Registration No: _____

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(For Official Use)

This is to certify that the physical fitness certificate has been authenticated by the medical board of SCHC

Dr. U. S. Badade
Dy. Med. Superintendent
SCHC

Dr. V. K. Somvanchi
Med. Superintendent
SCHC

Dr. Sanjay Gandhi
Consultant Physician
SCHC