



GAUHATI UNIVERSITY, GUWAHATI

Date :

MEDICAL CERTIFICATE

I, Dr. , Registration No., under hereby certify that, I have, on this day of the month of of the year, examined Shri/Smt a candidate for re-employment in the **Gauhati University, Guwahati** and cannot discover any disease, communicable or otherwise, constitutional weakness or bodily infirmity, except

I do / donot consider this as a disqualification for re-employment in the Indian Institute of Technology, Guwahati.

Shri/Smt’s age, according to his/her own statement is years and by appearance about years.

Signature of the employee

Signature of the Medical Officer

**Countersignature of the
Chief Medical Officer
Gauhati University**