DR. VITHALRAO VIKHE PATIL FOUNDATION'S
VOCATIONAL TRAINING INSTITUTE

Opp. Govt. Milk Dairy, Post. MIDC, Ahilyangar-414111

Medical Fitness Certificate

This is to certify that I have examined Mr./Ms. _____, aged _____ years, who is seeking admission to the _____ course at Dr. Vithalrao Vikhe Patil Foundation's Vocational Training Centre.

On examination, the candidate is found to be:

☐ Medically fit for undertaking the academic and practical/clinical training associated with the course.

☐ Not fit at present.

Relevant remarks, if any:

Name of Medical Officer: _____

Qualification: _____

Registration No.: _____

Signature & Stamp: _____

Date: _____