Annexure- 1

MEDICAL FITNESS CERTIFICATE

(*To be completed and signed by a registered Medical Practitioner as per Govt. of India guidelines and presented by the candidate at the time of Admission)*

NAME of candidate: …… Age: …… Sex: …….

General Examination : -

Weight : …….

Height : …….

Pulse rate : …….

Blood Pressure : …….

EYE SIGHT : Acuity..... Good/ Fair / Poor

Color vision.....Good/ Fair / Poor

HEARING: Right Ear..... Good/ Fair / Poor

Left Ear .....Good/ Fair / Poor

I also certify that after examination I find that Mr /Miss …… have no any infectious skin disease and is fit to perform all practical classes as mentioned below and to undergo course of study in Hospitality and Hotel Administration.

- Cutting/ Chopping of all vegetables ;
- Cooking in kitchen;
- All work in bakery and Confectionary;
- Service of Food and Beverages;
- Floor mopping, handling of vacuum cleaner;
- Computer operation;

(Signature of Registered Medical Practitioner)

Seal _____

Registration No:_____