

PROFORMA
(For Def-1, Def-2 Candidates)
CERTIFICATE

This is to certify that Shri. / Smt.,
(Full Name of the Employee with Rank of the employee)

is / has been a member of Defence Forces of India. He / She has put in years of service in Indian Army / Indian Navy / Indian Air Force from to and is currently working / retired from services on / permanently disabled since / killed in action on

This certificate is issued for the purpose of his / her son / daughter / spouses' admission to First Year in Health Science Courses for the academic year 2026-2027.

Date:

Place:

(Signature)
Name and Designation of the Authority
(Who is authorized to issue such certificate) /
District Sainik Welfare Officer

Seal of the Office

Note: This proforma is not valid for civilian staff working in the Indian Army, Navy & Air Force.

PROFORMA
(For Def-3 Candidates)

(For son/daughter/spouse of Active defence service personnel domiciled in other than Maharashtra State)

CERTIFICATE

This is to certify that Shri. / Smt. is a member of
(Full Name of the Employee with Rank of the employee)

Defence Forces of India, and is currently working in Indian Army / Indian Navy / Indian Air Force.

Shri / Smt. is transferred to
(Place of posting)

in Maharashtra State vide transfer order No. Date

He / She has joined duty in Maharashtra on and is currently working in the same post.
(Date of Joining)

This certificate is issued for the purpose of his / her son / daughter/spouse admission to First Year in Health Science Courses for the academic year 2026-2027.

Date:

Place:

(Signature)
Name and Designation of the Authority
(Who is authorized to issue such certificate)

Seal of the Office

Note: This proforma is not valid for civilian staff working in the Indian Army, Navy & Air Force.

ANNEXURE - H

MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letter head** or on this format with original seal and signature.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms who is desirous of admission to Health Science Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified that he/she fulfills the following criteria.

- (1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,
- (2) Absence of any disability of upper limb/s.
- (3) Absence of any major visual/ auditory disability.
- (4) Absence of psychosis/neurosis/mental retardation,
- (5) Ability to maintain erect posture,
- (6) Reasonable manual dexterity.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical / Dental / Ayurved / Homeopathy / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / Naturopathy and Yogic Sciences / BSc Nursing. **(Strike, which is not applicable):**

1.
2.
3.

Address of the Registered Medical Practitioner Date:	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner

