National Council for Hotel Management & Catering Technology

(An autonomous body under Ministry of Tourism, Govt of India)

Appendix- 1

(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)

Certif	fied that I have in gene	ral and also in regard to following infectious diseases examined
Mr/N	/ls	(whose signature is given below) Son/Daughter of
Sh		Resident of
	<u>Disease</u>	<u>Finding</u>
a)	Infectious skin diseas	es
b)	Psoriasis Foliate	
c)	Tuberculosis	
d)	Trachoma	
e)	Venereal disease	
f)	HIV	
	certify that after exar in Hospitality and Ho	t suffering from any of the above diseases. I find that Mr./ Ms is fit to undergo course of inistration. (Signature of Registered Medical Practitioner)
	(Signature of Candidate)	(Signature of Registered
	(o.g. mater of carminate)	
	Registration No:	Seal