



SOUTH ASIAN UNIVERSITY
AKBAR BHAWAN, CHANAKYA PURI
NEW DELHI – 110021, INDIA

MEDICAL FITNESS CERTIFICATE

(Section 1 must be filled by the candidate and Section 2 by a registered Medical Officer)

I, Mr/Ms _____ aged _____

son/daughter of _____, resident of _____

_____ ,
declare that I am not suffering from any disease nor have I suffered from any chronic disease in the past one year, except _____ for which I am on medication since _____, but which will not be a disqualification / hindrance for the academic programme I propose to pursue at the South Asian University. I also certify that I am not suffering from any kind of communicable disease.

Signature of Candidate and date

Signature of Parent & Date

Section 2

(Section 2 must be filled by a Registered Medical Officer)

I, Dr. _____ after a thorough examination of Mr/Ms _____, on this date _____ certify that he/she is fit to pursue the academic programme at the South Asian University, New Delhi for which he/she is enrolled. I also declare that he/she is medically and physically fit to join the course, and whatever he/she has declared above is true to the best of my knowledge.

**Signature of Medical Officer
with Reg. No. & Stamp**

Place: _____

Date: _____

Note: A Covid-19 negative report should be attached with the medical certificate. The test should be done within 72 hours before reaching SAU. This is mandatory requirement.