

**ANNEXURE IV**

**CERTIFICATE OF FITNESS**

(To be furnished by Medical Practitioners(of concerned disability)  
not below the rank of Govt. Surgeon)

I, the undersigned have thoroughly examined Sri/Kum .....  
.....

(name and address), aged ..... and based on the assessment, issue the following  
certificate.

Certified that Sri/Kum ..... is fit/unfit to undergo the rigors of the  
3-year diploma in Hotel Management and Catering Technology Programme.

Date:

Signature and seal of the  
Medical Practitioner of the concerned disability  
( Neurologist/ Clinical Psychologist/ Psychiatrist/  
Orthopedic surgeon/ Ophthalmologist/ENT Surgeon)

(Office Seal)

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Note:- The candidates applying for DHMCT programme should be physically fit and have a sound mind. The Medical Practitioners examining the candidates and issuing certificates may kindly consider these factors.