



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
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Form No.: IITG/AER/03

Medical Fitness Form for Foreign students to be completed in native country and submitted before their enrolment or internship in IIT Guwahati

1.	FULL NAME (in capital letters)	Form No.: IITG/AER/03
2.	Course & Department:	
3.	Duration of study	July- November () or January-May () Year
4.	E-mail Id	
5.	Date of Birth	
6.	Insurance	

MEDICAL CERTIFICATE

This is to certify that Mr./Ms./Dr..... has been examined & found to be **fit/ unfit** (strike out the inappropriate) to join Academic programme in IIT Guwahati to be started from.....

*Reason for declaring the person unfit _____

Place:
Date:

*SIGNATURE OF THE MEDICAL EXAMINER

Official Seal:

*N.B.; Signature of the Medical Examiner should be from the native country of the concerned foreign student.