

This medical certificate or report as proof of their physical and/or mental fitness to perform specific tasks or engage in particular activities.

Latest Passport
size colored
photo of the
Participant

This is to certify, I have examined

Name of the participant

Age Male/Female Resident of

District State

Country and I am satisfied beyond that he/she fully fit/not fit

for participating in

competition.

The **UYSF** will not be responsible for any accident or any physical injury caused to the candidate. The Association will not bear any Medical Expenses owing to any injury caused or any other circumstances. The Association will provide only transportation upto local hospital.

☐ **Yes, I agree with all terms and conditions.**

Signature & Seal of registered Medical Practitioner

Regd. No.

Name

Contact No.