

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding an M.B.B.S. degree)
(Scanned copy to be submitted online with the application form and the original
to be submitted upon arrival)

I certify that I have carefully examined

Mr. / Ms. _____
son / daughter of _____.

Based on the examination, I certify that he/she is in good mental and physical health and is free from any ailments which may interfere with his/her competence to participate in the Yoga Teachers' Training Program.

Height:

Weight:

Place:

Date:

Name & Signature of the Medical Officer
with Seal and Registration number