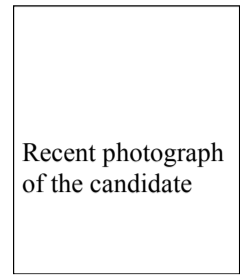


MEDICAL CERTIFICATE



Certified that Miss.....D/o
Aged..... is free from any constitutional and hereditary disease or infirmity. I further certify that the child is not subject to any deformity or mental defects or such troubles as insomnia or sleep walking, fits or convulsions and bed-wetting.

(Any major surgical operation and any allergy to certain medicines may please be indicated)

Date:

Signature:

Place:

Seal

(To be signed by a registered medical practitioner not lower than M.B.B.S.)