

ANNEXURE - I

FORM OF MEDICAL CERTIFICATE

(To be signed by Registered Medical Practitioner holding a medical degree not below M.B.B.S)

(To be submitted at Time of Admission)

I certify that I have carefully examined Shri / Smt. /Kumari..... Son / Daughter / Wife ofShri..... Whose signature is given below He/She is fit for admission to a course in Delhi Pharmaceutical Sciences and research University. I have to further report that

- 1) His/Her eyes appear to be
- 2) His/Her heart & Lungs are clear
- 3) His/Her chest measurement is (a) Normal (b) Expansion
- 4) His/Her weight is Kg
- 5) His/Her height in Cm
- 6) He/She wears glasses/does not wear glasses /Vision.....
- 7) He/She has no disease, mental and bodily infirmity which makes him/her unfit in the near future for an active life and studies.

Marks of Identification (I)
(II).....

Signature of Candidate

Sign of the Medical Officer

Date :

(With Seal)

Place :

ANNEXURE - III

UNDERTAKING

(To be submitted at the time of admission)

I Shri / Smt. / Kumari

Son / Daughter/ Wife of Shri

resident of undertake that;

I accept the admission at DIPSAR/DPSRU. I will not claim any change unless offered by the University.

Further, I will attend every lecture and practical classes. However, I agree that to account for late joining or other such contingencies the requirements for appearing in annual examination shall be minimum of 80% of the classes (theory and practical separately) actually held.

Signature of the Candidate

Signature of Parent / Guardian