GOVERNMENT OF INDIA
DIRECOTRATE GENERAL OF HEALTH SERVICES
RAJKUMARI AMRIT KAUR COLLEGE OF NURSING
LAJPAT NAGAR IV, NEW DELHI – 110024
Tel Nos. 011-2090 4909, 2643 6788, 2643 5397
E-mail- principal-rakcon@ gov.in

NOTICE

It is for the information of all the candidates that at the time of reporting for admission to B.Sc. (H) Nursing 1st Year Batch 2026-2027 at Rajkumari Amrit Kaur College of Nursing, the students are required to bring **Form 'H'** (Medical Fitness Form) duly certified by a **Registered Medical Practitioner** in the prescribed **Proforma on Official Letterhead**. The Form is enclosed as Annexure-I.

10/8/26

Dr. (Mrs.) Daisy Thomas
Acting Vice Principal

कार्यकारी उप-प्रधानाचार्या
Acting Vice Principal
राजकुमारी अमृत कौर नर्सिंग [illegible]
Rajkumari Amrit Kaur Coll[illegible]ursing
नई दिल्ली/New Delhi-110024

ANNEXURE - H

MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead** or on this format with original seal and signature.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms ..... who is desirous of admission to Health Science Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified that he/she fulfills the following criteria.

(1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,
(2) Absence of any disability of upper limb/s.
(3) Absence of any major visual/ auditory disability.
(4) Absence of psychosis/neurosis/mental retardation,
(5) Ability to maintain erect posture,
(6) Reasonable manual dexterity.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical / Dental / Ayurved / Homeopathy / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / BSc Nursing. **(Strike, which is not applicable):**

1. .....
2. .....
3. .....

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
Date :	Seal of Registered Medical Practitioner