



GC UNIVERSITY, FAISALABAD

Year _____

MEDICAL CERTIFICATE

[To be produced at the time of medical examination after official notification for admission has been received]

I certify that I have carefully examined Mr./Ms.son / daughter ofhis/her age is about.....years. He/she is of the required physical standard as prescribed overleaf. His/her height is.....cms. His/her weight iskg. his/her chest measurement unexpanded is.....cms/expanded is.....cms. Vision left eye is 6/.....right eye is 6/.....

Detail of glasses worn is.....

Marks of identification

1.....

2.....

Any other Remarks:

Signature of the applicant
(In the presence of Medical Officer)

GC University Medical Officer

Dated:.....