CERTIFICATE OF PHYSICAL FITNESS

(By an authorized Medical Doctor)

Name of candidate:
Age:
Nationality:
Address:

Country:

MEDICAL REPORT:

1. Medical History:

2. Physical Examination:

3. Lungs:

4. Summary:

I believe that this applicant **IS/IS NOT physically able to carry on** a full course of study, involving long hours of work in a college/university/institution in India/abroad.

In my opinion, the applicant's health and physical conditions in general are:

EXCELLENT / GOOD / FAIR / POOR

He/She was successfully vaccinated/inoculated against small pox on:
He/She was presents no evidence of communicable disease or of any fatigue and has no physical defects.

GENERAL REMARKS:

Signature
Address

Date:
DOCTOR's SEAL:

IMPORTANT:
As a protective measure, those planning to study in India are strongly advised to get vaccinated against typhoid/cholera before coming to India. Similarly, those proceeding for overseas studies may get appropriate vaccination as per requirements of the host country.

CERTIFICATE OF PROFICIENCY IN ENGLISH
(in case of overseas applicants)

This is to certify that Mr./Ms

who is a National/domicile of (name of country)

and is an applicant for the **NETAJI SUBHAS-ICAR INTERNATIONAL FELLOWSHIP**

is **PROFICIENT / NOT PROFICIENT** in **WRITTEN / SPOKEN ENGLISH** and /or HAS / HAS NOT passed the English Proficiency Test conducted by the ……

Signature
Designation

Place:
Date:

SEAL of the Indian Diplomatic Mission

FORMAT

FOR REFEREE COMMENTS ON THE SUITABILITY OF CANDIDATE FOR NETAJI SUBHAS-ICAR INTERNATIONAL FELLOWSHIP

Name of the referee:

Désignation:

Affiliation:

Contact Phone:

Email:

- **I AM / AM NOT well acquainted with the work and achievements of Mr/Ms Son/daughter of Mr. and resident of**
- **I am SATISFIED/NOT SATISFIED that he/she has the sincerity, zeal and capacity to complete the Ph.D. programme applied for, with funding support provided under the Netaji Subhas-ICAR International Fellowship.**
- **I would, without hesitation, RECOMMEND / NOT RECOMMEND him/her for this programme.**

(Signature)

Date: