

NATIONAL SPORTS UNIVERSITY
IMPHAL, MANIPUR

DECLARATION OF MEDICAL FITNESS OF CANDIDATE

(To be executed by the candidate and parents at the time of admission)

I, S/o / D/o Mr./Mrs.,
hereby declare that I/my ward is not suffering from:

- a. Hypertension.
- b. Bronchial Asthma.
- c. Heart Disease.
- d. Inveterate Skin Disease.
- e. Venereal Disease (V.D.).
- f. Traces of previous acute or chronic disease pointing to and impaired constitution.
- g. Contagious Disease.

and if I/my ward is found suffering from any of the above illnesses [from (a) to (g)] after admission in the University (NSU) and during the span of course in such circumstances, the decision of the authorities shall be final and I will abide by it.

(Signature of Parent/Guardian)

(Signature of Student)

Date:

