



राष्ट्रीय फैशन प्रौद्योगिकी संस्थान

सांविधिक संस्थान निफ्ट अधिनियम 2006

वस्त्र मंत्रालय, भारत सरकार

NATIONAL INSTITUTE OF FASHION TECHNOLOGY

A Statutory Institute under the NIFT Act, 2006

Ministry of Textiles, Government of India

No. 1667(88)/HO/Notification/2023/17

21st April, 2023

NOTIFICATION -17

It is mandatory during registration for Seat Allocation for Admissions-2023 for UG & PG Programmes to upload a Medical Certificate as attached with this notification.

Asst. Director (Admissions)

MEDICAL CERTIFICATE OF FITNESS

Candidate must fill the details of the Form-A before medical examination by the Medical Officer in any Government Hospital. Form B is to be filled by the Medical Officer. The officer will also certify the fitness of the candidate and attest the photograph of the candidate.

FORM A

1.	Name in full (BLOCK LETTERS)	
2.	Age and place of birth	
3.	Present Residential Address	
4.	Permanent Residential Address	
5.	Details of having suffered from any major illness in last five years. Any skin related problem Enlargement or suppression of gland Asthma Heart disease Lung disease Fainting attacks/Epilepsy Rheumatism Appendicitis? (Give details) b) Any other disease or accident requiring confinement to bed and medical for surgical treatment? (Give details)	
6.	a) Details of vaccination in last three year. b) Details of vaccination for Covid-19. (1 st & 2 nd Dose)	
7.	Have you or any of your immediate family member has been afflicted with Rheumatism/Arthritis, Asthma Epilepsy or mental illness of any kind?	
8.	Have you at any time suffered from any form of psychiatric disorder? Give details.	
9.	Furnish the following particulars concerning your family: Father's age and state of health	
10.	If not alive, Father's age at the time of his death and cause.	
11.	Mother's age and state of health	
12.	If not alive, Mother's age at the time of her death and cause.	

I declare that the above information is the best of my belief, true and correct. I also affirm that I have not received a disability certificate on account of any disease or other condition.

(CANDIDATE'S SIGNATURE)

Signature of Medical Officer with stamp

FORM B

1.	Candidate's Eyesight	
2.	Any known Allergies (details)	
3.	Last Surgical Intervention (if any) with cause/reason	
4.	Any chronic medical condition	
5.	Any congenital medical condition	
6.	Any Disability (orthopedic) Muscular, nerve etc.)	

MEDICAL CERTIFICATE OF FITNESS

I hereby certify that I have medically examined Ms./Mr./Mx.....for admission in the National Institute of Fashion Technology. The candidate has no disease (communicable or otherwise) or any constitutional weakness or bodily infirmity except I further certify that I am not related to the candidate and not known to any member of his/ her family.

Photograph of
the candidate
attested by the
Medical Officer

Signature of Medical Officer with stamp