(To be submitted to Hostel Warden at the time of room allotment along with the Hostel form)

Form No.4

National Institute of Fashion Technology, Bhopal

MEDICAL FITNESS UNDERTAKING FOR HOSTEL ADMISSION

- **Name of the Student:** _____
- **Programme:** _____
- **Semester:** _____
- **Roll No.:** _____
- **Department:** _____
- **Date of Birth:** _____
- **Mobile No.:** _____
- **Parent/Guardian Name:** _____
- **Parent/Guardian Contact No.:** _____

I, _____, hereby declare that I am medically fit to reside in the Institute Hostel.

I further undertake that:

1. I do not suffer from any contagious or communicable disease that may pose a health risk to other hostel residents.
2. I do not suffer from any serious pre-existing disease or illness that may pose a serious concern to authorities of NIFT Bhopal.
3. I have disclosed below all relevant medical conditions, allergies, ongoing treatments, medications, or physical/mental health conditions that may require special attention from the Institute.
4. In case of any change in my health condition during my stay in the hostel, I shall immediately inform the Hostel Warden/Institute authorities.
5. I understand that the Institute is not responsible for any complications arising due to concealment or non-disclosure of my medical condition.
6. I declare that the information furnished by me is true and correct to the best of my knowledge. If any information is found to be false or suppressed, the Institute may take appropriate action, including cancellation of my hostel allotment.

Medical Information (if any)

- Chronic illness (Diabetes, Asthma, Epilepsy, etc.): _____
- Allergies (Food/Medicine/Other): _____
- Regular Medication (if any): _____
- Any Previous Major Surgery/Hospitalization: _____
- Blood Group: _____
- Emergency Medical Contact Name & Number: _____

If there is no medical condition, please write: "NIL".

Signature of Student:

Declaration by Parent/Guardian

I, _____, parent/guardian of the above-named student, certify that the information provided above is true and complete to the best of my knowledge. I confirm that my ward is medically fit to stay in the Institute Hostel. I undertake to inform the Institute immediately if there is any significant change in my ward's medical condition during the period of hostel residence.

Signature of Parent:

Place: _____

Date: ____ / ____ / _____