

Information about the Physician issuing this certificate:

Full name: Aftab Mahammad Salim Malpura.

Name of clinic (if applicable): We Care Clinic, Mumbai, India

E-mail address / phone number: aftabmalpura@gmail.com /+91 9819134108

Official stamp:

Dr. AFTAB M. MALPURA
MBBS (MUM)
Regd. No. 2009/03/0694

Date : 07-08-2023

**Medical certificate
for the purposes of university admission**

I certify that I have carefully examined Mr/Ms BADRPURA NIDA ILIYAS,
born on 12-05-2005 passport number Y9421180

Based on the medical examination, I certify that he/she is in good mental and physical health
and is free from any conditions which may prevent him/her from taking up higher education
studies.

Additional comments (optional):

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Physician's signature

Applicant's statement:

*By submitting this document for university admission purposes, I declare that it is true
and correct.*



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signature of the Applicant