<u>Documents required for applying for visa under Study in India Program Scholarship:</u>

- Printed copy of duly filled Online application https://indianvisaonline.gov.in/visa/
- 2-Passport copy.
- 3-Photographs (2).
- 4-Copy of ID card.
- 5-Physical fitness certificate (for students selected for Marwadi education foundation) to be signed and stamped by concerned doctor.
- 6-Copy of Last educational qualification certificate & mark sheet.
- 7-Character/ recommendation letter from a school/university.
- 8-Polio vaccination.

CERTIFICATE OF PHYSICAL FITNESS
(To be filled by a Registered Medical practitioner in the applicant's country of domicile)

Name of Applicant					
Sex M/F					
Marital Status					
Age		Blood Group			
Nationality					
Address					
(City)					
(Country)					
Telephone No.					
Email Address					
		current time or in the near future).			
	Known Illness / Surg	If, yes - on Regular treatment - Yes No			
Raised BP -	Yes No	If, yes – on Regular treatment - Yes No			
DM -	Yes No Yes No	If, yes – on Regular treatment - Yes No			
IHD - Stroke -	Yes No	If, yes – on Regular treatment - Yes No			
Kidney Disease					
Chronic Renal	Chronic Renal Failure - Yes No If, yes - on Regular treatment - Yes No				
Any history of Surgery / prolonged hospitalization (more than 2 weeks) Yes/No; if yes, details of illness / injury / surgery with duration of illness/ treatment					

	the second language annothing	- Yes	No l
	history of loss of appetite	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	No 🗔
Any history of loss of Weight -			Accounts to the second
Any	history of digestive disease		No L
Fan		C HT L	Obesity
Any	y known Allergy:- If s	o, is the patient on any	medication / precautions?
I.	Physical Examination		
Medic	eal condition of:-		
-lainh!		Weight	Chest
Head		Nose	Lungs
Eyes	Ph	arynx	Heart
			D = 0 =
Ears_	arks if any:-	eck	Reflexes
Ears_ Rema	arks if any:- Medical Examination X-Ray and any other to disease).	eck	ncluding Fasting & P.P), Urine Test and C the Medical Practitioner (to rule out any ch
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Remailli.	Medical Examination X-Ray and any other to disease). Summary I believe this applicant to hours of work, in a collection In my opinion the applic	eck	ncluding Fasting & P.P), Urine Test and Cothe Medical Practitioner (to rule out any chiese to carry on a full course of study, involving a.

3.	I certify that the applicant is up-to	-date on routine vaccinations including, among others, when the
	DP1, Vancella, richardor.	
		the would hinder him from pursuing a full course of
4.	He / She has no physical condition study in India.	/ allment which would hinder him from pursuing a full course of
		issale or of any chronic fatigue.
5.	He / She present no evidence of a	iny communicable disease or of any chronic fatigue.
J.		A Company of the Comp
		nronic medical condition which requires regular and sustained
6.	He / She does not have any cl	hronic medical condition which roganist to
0.	medical treatment.	
NO	TE: If answers to 4, 5 and 6 above a	re positive, please give details in Remarks column below.
DE	MARKS	
nc	MALINO	
		Signature
	Date	Signature
	Date	Address

As a protective measure, those planning to study in India are strongly advised to get vaccinated against typhoid / cholera before coming to India.