



Medical Fitness Certificate

National Yoga Championship | MAHARISHI MAHESH
YOGI RAMAYAN University , AYODHYA , UP , INDIA

Personal Information

Full Name :

Father Name:

Birth of Date :

Full Address :

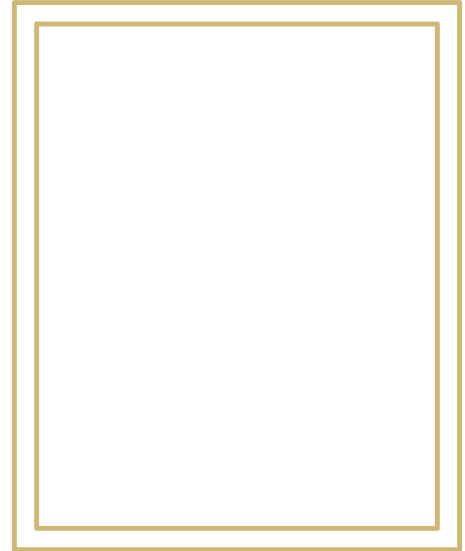
STATE :

City/Country :

Gander :

Email :

Phone Number



This is to certify that Father's NameAGE has been examined by the undersigned doctor. Based on a thorough medical evaluation, I confirm that the participant is in good health and is not suffering from any critical illness or condition that would impact their safety or well-being during participation in the National Yoga Championship.

The participant is deemed physically fit to engage in both on-stage and off-stage activities throughout the event, scheduled from 11 to 12TH APRIL 2026 at MAHARISHI MAHESH YOGI RAMAYAN UNIVERSITY.

This certificate is issued as a declaration of medical fitness for participation and confirms that, to the best of my knowledge, there are no health risks that could compromise the participant's ability to perform safely in the championship.

Name Of The Doctor

Place & Date

Sign & Stamp of MBBS Doctor