



Ishwardas Chunilal Yogic Health Center

KAIVALYADHAMA MUMBAI.

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Email: kdhamyogcenter@gmail.com Website :www.yogcenter.com

MEDICAL CERTIFICATE

This Is To Certify That Mr./Mrs./
Miss _____

has been medically examined by me today and she/he does not suffer from any chronic illness e.g. High Blood Pressure, Diabetes, Bronchial, Asthma, Spondylosis, Arthritis, Schizophrenia, any kind of hernias, etc., which will prevent him/her from undergoing intensive yoga practice

Date

Signature Of Doctor:

Name Of Doctor:

**Registration
Number & Seal**

Address Of Clinic: