



KAIVALYADHAMA®
Where Yoga tradition and Science meet

100
YEARS

Gordhandas Seksaria College of Yoga and Cultural Synthesis

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MEDICAL CERTIFICATE

This Is to Certify That Mr./Mrs./
Miss _____ has been medically
examined by me today and she/he and below is her/his medical assessment

Name of Condition	Yes/No	If Yes, mentioned the diagnosis and medical/medicine details.
chronic illness		
High Blood Pressure		
Diabetes		
Bronchial		
Asthma		
Spondylosis		
Arthritis		
Schizophrenia		

Clinical depreciation		
hernias		
Epilepsy		
Any other condition		
	Name of Doctor:	
	Registration Number & Seal	
Doctor Suggestion:		
Address of Clinic:		