



NATIONAL METEOROLOGICAL TRAINING CENTRE REQUEST FOR MEDICAL EXAMINATION

PART "A"

To the Medical officer
.....
.....
from.....
.....
(Ministry/Division)
Signature
Official Stamp.....

Student Name: Age: Sex:

Student Signature.....

Programme level

DR/MR/MRS/MISS

Please examine the above named as to his/her fitness as a selected student to undertake studies at National Meteorological Training Centre academic year **2026/2027**

Part "B"

MEDICAL CERTIFICATE

(To be completed by a Medical Officer)

Is the nominee able physically and mentally to carry on intensive studies?
.....

Is the nominee free from infectious diseases (such as tuberculosis, leprosy, syphilis and filariasis) and other conditions (such as psychosis and drug addiction) which could present risks for anyone during the study period?
.....

I certify that the applicant is medically fit ☐ not fit ☐ to undertake a course.

Full name and address of Examining physician:

Designation.....

Signature

Official Stamp.....

Date.....