



Rudra The Practical School

Upendra Nagar Bus Stop, Trimurti Chowk-Ambad Link Road, Nashik - 422 010.
Mob. 7841870700 | E-mail : rudrainternationschool@gmail.com

(To be filled by a Registered Medical practitioner)


Date of Examination : 23.12.24.

This is to certify that I have conducted through medical examination of Shubham. Masathe. and find that he/she is in fit state of physical and mental health and does not suffer from any infectious disease. He / she is permitted to participate in games and physical training activities.

Height 132. cms / inches Weight 24. Kgs Chest _____ Cms/inches

Blood Group AB +ve.

Remark / restrictions _____


Dr. Parag S. Barhate
B.A.M.S.CCH.
Reg.No. 1452-A,
Signature & Stamp of Medical Practitioner

Regd. No. _____

Contact details of Medical Practitioner

Name : Shubham Milind Masathe.

Address : _____

Clinic Phone _____ Res. Phone _____

Mobile _____