

FORMAT

6. Doctor's Fitness Certificate

(Certificate should be on the Doctor's letterhead)

Date: _____

To Whom So Ever It May Concern,

This is to certify that Mr./Ms. _____,
aged _____ years, studying at Chhatrapati Shahu Institute of Business Education and
Research (CSIBER), Kolhapur, is examined by me and is physically fit to do the internship at
_____ (Organization's name).

Thank you.

Doctor's Signature:

Doctor's Name:

Date:

Doctor's Stamp
with Registration No.: