



# North India Institute of Theological Studies

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## MEDICAL FITNESS SELF-DECLARATION FORM

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The information given below will be treated in the strictest confidence and will not influence the result of your application for admission. If you are not able to answer the questions below honestly, please get a medical exam done and then send this form.

I, \_\_\_\_\_, (Student's Name in capital letters) declare that I have the following medical conditions (please ✓ to specify and explain if needed):

Chronic Diseases e.g. diabetes (sugar), asthma \_\_\_\_\_

Blood disorders e.g. hepatitis, HIV, \_\_\_\_\_

Congenital infirmities (from birth) e.g. hole in the heart \_\_\_\_\_

Physical disabilities \_\_\_\_\_

Poor eyesight \_\_\_\_\_

Allergies \_\_\_\_\_

Food restrictions \_\_\_\_\_

Any other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I take the following medicines regularly: \_\_\_\_\_

\_\_\_\_\_

I declare that I have none of the above medical conditions and I am not on any regular medication.

I declare that I have no health problem that will hinder me from pursuing my studies or ministry training at North India Institute of theological Studies.

A medical examination will be arranged in the first weeks of term for all applicants who become students.

I agree to be responsible for any medical expenses that might be incurred during my stay there.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_