



NEW LIFE COLLEGE
(A Ministry of Nava Jeeva Ashram)
50/12 Outer Ring Road, Kalyan Nagar P.O.,
Bengaluru 560043

MEDICAL ASSESMENT FORM

New Life College is an institution that trains men and women for Christian ministry. Please fill out this form carefully to the best of your knowledge and return to the student in a sealed envelope. The information you provide is an important part in our admission. Thank you for your cooperation in this matter.

Name of the Applicant: _____

Doctor's Name: _____

Name of the Hospital/ Clinic: _____

Address: _____
(Street) (City/town) (State) (Postal Pin Code)

(Phone with STD) (Email Id)

1. How long has the applicant been under your medical care?

2. Has the applicant been treated for any illness in the past year?

Yes No

3. If you answered "Yes" above, please state the illness. If you answered "No", proceed to question # 4.

4. Are you aware of any health restrictions that would prevent the applicant from performing his/her studies. If so, please state below:

5. Based on your examination/evaluation, please rate the applicant's current health condition by ticking any box below:

Excellent Good Poor

Additional Comments (if necessary) _____

Signature: _____ Date: _____

Please affix the seal of your hospital/clinic and return this completed form to the applicant in a sealed envelope.