

Annexure-E

CONFIDENTIAL
BEHAVIORAL PATTERN CERTIFICATE

Name : _____ Father's Name : _____

Gender : _____ Class last attended: _____ Roll No: _____

Name of the Institution : _____

The behavioral pattern of the above-mentioned candidate is certified as under :

1. Displayed persistent violent or aggressive behavior ☐ Yes ☐ No
2. Displayed desire to harm others ☐ Yes ☐ No

If yes, details : _____

Date : _____

Signature : _____



*The original certificate should be sent to "Dean Academics, Dayanand Medical College & Hospital, Ludhiana" in a *sealed envelope* either through Registered / Speed post or through the candidate.