

PHYSICAL FITNESS CERTIFICATE

(For Admission)

[To be Obtained only from Gazetted Government Medical Officer/Medical Officer of Government Undertaking]

Name of Candidate:

Father's Name:

Blood Group:

Height: Weight:

Vision: L R

Color Vision:

Hearing:

Allergies, If any:

Any Other Remarks:

I, Dr. After careful personal examination of the case do hereby certify that Mr./Miss/Mrs is found physically fit to undergo professional education.

Place:

Signature with Seal

Date:

Reg. No:

Designation: