

## PHYSICAL FITNESS CERTIFICATE

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Signature of Candidate

I,

Dr.....

after careful Personal examination of the case do here by certify that

Sri./Smt.....

whose signature is given above is found Physically fit to undergo professional education.

His/her height.....Weight.....Chest.....and vision.....

**Signature :**

**Name :**

**Designation :**

**Registration :**

**Seal**

**Date :**

**Place :**