

CERTIFICATE OF PHYSICAL FITNESS
(For students of U.G. & P.G. admissions)
(Declaration by the candidate for the issue of physical fitness certificate)

I. Name :

II. Date of birth :

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 Age : Years Sex : M F

Address:

III.

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Pincode

Indicate your response by Y/N (Y means Yes ; N means No)

1. Do you have any minor or major complaint
If yes, describe :

2. Are you allergic to any medicine or any others?
If yes, describe :

3. Have you ever had any operation or been advised any operation
If yes, describe :

4. Are you handicapped?
If yes, indicate : Visual / Hearing / Orthopedic

5. Personal Marks of identification : 1.

2.

I declare that the above information are true and to the best of my knowledge

Date :

Signature of the candidate

Place :

[P.T.O.]

