ANNEXURE - I

PHYSICAL FITNESS CERTIFICATE FOR ADMISSION TO PROFESSIONAL DEGREE COURSES

(To be filled up by a Medical Practitioner ***not below the rank of*** Asst***. Surgeon***)

I, Dr. ……after careful personal examination of the case do hereby certify that Sri/Kum.……..…… …….. whose signature is given above is found physically fit and suitable to undergo Professional Degree courses B.Sc. MLT/B.Sc. Perfusion Technology/B.Sc. Optometry/B.P.T/B.A.S.L.P/B.C.V.T/B.Sc MRT/B.Sc. Dialysis Technology/B.Sc RTT/BMIT/BNT/ (Add course which is applicable/Strike out which is not applicable).

His/her height ….……, weight...…….……, chest...…..…… and vision ……..

Name of student:

Signature:

Name of Doctor:

Signature:

Reg. No. :

Designation:

Place:
Date:

(Office Seal)