

ANNEXURE - I

**PHYSICAL FITNESS CERTIFICATE FOR ADMISSION TO
PROFESSIONAL PARAMEDICAL DIPLOMA 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
Paramedical Diploma courses Diploma in Medical Laboratory
Technology/Cardiovascular Technology/Dialysis Technology /Neuro Technology
/Endoscopic Technology /Operation Theatre and Anesthesia Technology / (Add course
which is applicable/Strike out which is not applicable).

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

Name of student:

Name of Doctor:

Signature:

Signature:

Reg. No. :

Designation:

Place:

Date:

(Office Seal)