**ANNEXURE - l**

**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:

Signature:

Name of Doctor:

Signature:

Reg. No. :

Designation:

Place:
Date:

(Office Seal)