

MEDICAL FITNESS CERTIFICATE

I certify that I have examined ----- Son/Daughter of ---
-----of Vellore Institute of Technology Chennai
and found him /her do **not Have/ Have any skin disease, Fits and heart disease and**
he/she is FIT / UNFIT to undergo training of strenuous activities.

Officer Station:

Date :

Signature of Medical Officer
(Name in Block letters with
Designation and seal)