## PHYSICAL FITNESS CERTIFICATE

		Signature of the Candidate
I, Dr		after careful
personal examination of the case do hereby certify that Shri/Smt		
-		
found physically fit to undergo professional education.		
	•	
His/her heig	ht, Weight, chest	and vision
Signature	:	
Name	:	
Place	:	Registration:
Date	:	Designation: