

(CERTIFICATE OF PHYSICAL FITNESS)

(To be issued by a Registered Medical Practitioner not below the rank of a Civil Surgeon paid or honorary)

I do hereby certify that I have examined Mr. / Ms. SARVAJETH. P
S/o./D/o. Sri PERIYASAMY. M a candidate selected for
admission to, **Amrita Vishwa Vidyapeetham**, CHENNAI campus and cannot
discover that he/she has any disease communicable or otherwise constitutional affliction or
bodily infirmity ~~except~~ _____

His/her age, by appearance and according to his/her own statement is: 18 years

He/she has marks of smallpox vaccination: Yes / No —

Personal marks of identification:

- (1) A black mole over (L) maxillary region of face
(2) A black mole over (L) side of forehead.

- a. Height: 171
b. Weight: 87
c. Chest measurement on full inspiration: 106 cms expiration: 102 cms
d. Acuteness of vision: 6/6 . In case where sight is corrected
with Glasses the strength of glass for each eye.

Left: _____ Right: _____

I also certify that he/she has been vaccinated and had booster against Corona, Hepatitis A, B, -
TT, Typhoid, Chicken pox & Measles

Signature of the Medical Practitioner:

Name (In Block letters)

Registration Number

Designation

Station

Date


Dr. **S. THIRUNAVUKKARASU** MBBS., DC-
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NAMAKKAL

18/7/25

(Original to be submitted during Physical Verification of Documents)