**PHYSICAL FITNESS CERTIFICATE**

………………………………

Signature of Candidate

I, Dr…………………………………………………………………………………… after careful Personal examination of the case do here by certify that Sri./Smt…………………………………………………………………………… whose signature is given above is found Physically fit to undergo professional education.

His/her height……………Weight…………Chest…………………and vision………………

Signature :

Name :

Designation :

Registration :

Seal Date :

Place :