**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 :