

**PHYSICAL FITNESS CERTIFICATE**  
**FOR ADMISSION TO PROFESSIONAL COURSES**

I, Dr \_\_\_\_\_ after Careful  
Examination of the case do hereby certify that Sri/Kum \_\_\_\_\_ is  
found physically fit to undergo professional education. His/Her Height \_\_\_\_\_,  
weight \_\_\_\_\_ and vision \_\_\_\_\_ are found to be as mentioned.

Signature of Student

Signature of Medical Officer

Name:

Regd.No:

Office Stamp/Seal: