

## MEDICAL FITNESS OF CERTIFICATE

(To be produced by the candidate at the time of Physical Fitness Test)

I certify that I have examined  
Mr/Ms..... S/o / D/o  
Mr/Mrs..... whose signature is given below.  
Based on the examination I certify that he/she is in good mental and physical health and is free  
from any physical deformities which may interfere with his/her studies/activities during the  
academic course.

Mark of Identification .....

Signature of the Candidate.....

Place:

Date:

Name & Signature of the Medical Officer  
With seal and registration number