

ANNEXURE - V (e)

PHYSICAL FITNESS CERTIFICATE  
FOR ADMISSION TO PROFESSIONAL DEGREE COURSES

[See Clause 10.1(ix)]

*(To be filled up by a Medical Practitioner not below the rank of Asst. Surgeon)*

I, Dr. ....after careful personal examination of the case do hereby certify that Sri/Kum..... whose signature is given above is found physically fit and suitable to undergo Professional Degree courses in B.Sc. Nursing/B.Sc. MLT/B.Sc. Perfusion Technology/B.Sc. Optometry/B.P.T/B.A.S.L.P/B.C.V.T/B.Sc MRT/B.Sc. Dialysis Technology/B.Sc RTT/BMIT/BNT *(Add course which is applicable/Strike out which is not applicable).*

His/her height ....., weight....., chest..... and vision .....

Place:

Date :

Signature :

Name :

Reg. No. :

Designation:  
(Office Seal)