## PHYSICAL FITNESS CERTIFICATE

	Signature of Candidate
I, Dr	after careful personal examination of the case do
hereby certify that Sri./Kum	whose signature is given above is found
physically fit to undergo professional education	
His/Her height, weight, weight	, chest and vision
	Signature :
	Name :
	Reg.No.:
	Designation:
Place:	
Date:	(S E A L)