

ANNEXURE – X

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/BPO/BSc NM/BSc. BC *(Add course which is applicable/Strike out which is not applicable).*

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

Signature :

Name :

Place:

Reg. No. :

Date :

Designation:
(Office Seal)

