ANNEXURE III (Vide Clause 6.1) CERTIFICATE OF PHYSICAL FITNESS

	Signature of the candidate									
I. Dr										
after careful	personal	examination	of	the	case	do	hereby	certify	that	
Mr/Ms					• • • • • • • • • • • • • • • • • • • •					
whose signature is given above is found Physically fit to undergo a Post Graduate Degree/Undergraduate Degree/Diploma Course.										
His/Her Height				cm	l					
Weight				kg	5					
Chest				cm	l					
Vision		•••••								
Signature	:									
Name	:									
Reg. No.	:									
Designation	:									
Office Addres	ss:									
Place :										
Date:										
			(S	Seal)						