

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 below is found physically
fit and suitable to undergo Professional Degree courses in B.Sc. Nursing/B.Sc. MLT/B.Sc.
Perfusion Technology/B.Sc.Optomety/B.P.T./B.A.S.L.P./B.C.V.T./B.Sc MRT/B.Sc. Dialysis
Technology/ Bachelor of Occupational Therapy (*Strike out which is not applicable.*).

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

Signature :

Name :

Place :

Reg. No. :

Date :

Designation :

(Office Seal)