

Fitness Certificate for admission to Engineering & Technology Courses
(Medical Certificate)

Name Age : Sex

I, have examined Mr./ Ms..... carefully and noted as given below :

1. Personal marks of identification.....
2. Height..... cms.
3. Weight Kgs.
4. General Examination : P..... / J..... / Oed..... / Cy.....
5. Chest Measurement
 - a) Normal :.....cms.
 - b) Full Inspiration..... cms.
 - c) Full Expiration.....cms.
6. Eye Sight : Right Eye.....Left Eye..... Colour Blindness.....
7. Immunization Status :
8. General Physique :
9. Heart :
10. Lungs :
11. Abdominal Viscera :
12. Blood Group :

I, do hereby certify that I, cannot discover that he / she has any disease constitutional affectional of bodily and mental infirmity.....

I, Consider that above candidate FIT to join his/ her study.

Signature of the Candidate
Date :

Place:

(Signature of Regd. Medical Practitioner)
Name :
Regd. No.....(Seal)