

ANNEXURE II

CERTIFICATE OF PHYSICAL FITNESS
(To be submitted at the time of admission)

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 MBBS Course.

His/ Her Height :

Weight :

Chest :

Vision :

Signature :

Name :

Reg. No :

Designation :

Office Address:

Place:

Date: (Seal)