

Department of Physical Education & Sports Sciences
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MEDICAL FITNESS CERTIFICATE FORM FOR B.Sc.(PEHE&S) / B.P.Ed / M.P.Ed COURSES FOR
ADMISSION SESSION 2020-2021
(Medical Certificate required from Government Hospital/ Primary Health Centre)

1. NAME OF THE COURSE
2. NAME:
3. AGE & GENDER
4. FATHER'S NAME
5. MOTHER'S NAME
6. PULSE:
7. B.P.:
8. WEIGHT:
9. HEIGHT:
10. CHEST CIRCUMFERENCE: NORMAL AND EXPANDED:.....
11. CVS:
12. CHEST:
13. ABDOMEN:
14. EYE: (i) Colour Vision..... (ii) Visual acuity.....
(a) Without Glasses..... (b) With Glasses.....
15. After careful personal Examination of Mr. / Ms.....

I hereby certify that he/she is medically fit and does not suffer from any deformity/ disability.

SIGNATURE OF CANDIDATE

SIGNATURE OF MEDICAL OFFICER
(With stamp, Registration Number, Mobile No.)
(Medical Officer should have a minimum of M.B.B.S. Degree)

