

**PHYSICAL FITNESS CERTIFICATE**

**For admission to Bachelor of Pharmacy**

**To be obtained only from Registered Medical Practitioner.**

Name(in Block Letters).....

Father's Name : .....

Blood group:.....

Height : .....Weight .....

Chest:.....

Vision : L : ..... R : .....

Colour Vision : .....

Hearing : .....

Allergies, if any.....

.....

Any other Remarks : .....

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I, Dr.....after careful personal examination of the case do hereby certify that Sri./Kumari ..... is found physically fit to undergo professional education.

Signature with seal:

Place:

Reg. No.:

Date:

Designation:

