

<b>PHYSICAL FITNESS CERTIFICATE</b> <b>(to be issued by a Registered Medical Practitioner)</b>					
1	Name of the Candidate:			Gender:	
2	Identification Mark (a mole, scar or birthmark), if any				
3	Major illness/operation, if any (specify nature of illness/operation)				
4	Height in cm:	Weight in kg:	Blood Group:	Age:	
5	Resp. Rate: /min	Pulse: /min	B.P:	mmHg	
6	Inspiration: cm		Expiration: cm		
7	Vision with or without glasses:	Right Eye	Left Eye	Colour Blindness	Unocular vision (having vision in only one eye)
8	Are you under any regular medication? If yes, specify.				
9	Any Specific Allergies? If yes, specify.				
	<b>Any other defects:</b>  <div style="text-align: center;"><b>Certificate of Medical Fitness</b></div> <div> <input type="checkbox"/> The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering.         </div> <div> <input type="checkbox"/> The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:         </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>           Date: Place:         </div> <div>Signature of Medical officer with seal</div> </div>				