

# CERTIFICATE OF PHYSICAL FITNESS

( To be issued by a Registered Medical Practitioner not below the rank of a Civil Surgeon paid or honorary )

I do hereby certify that I have examined Mr. / Ms. \_\_\_\_\_

S/o. | D/o. Sri \_\_\_\_\_, a candidate selected for admission to School of Biotechnology, Amrita Vishwa Vidyapeetham and cannot discover that he/she has any disease communicable or otherwise constitutional affliction or bodily infirmity except \_\_\_\_\_

and I do not consider this a disqualification for undergoing the course of Biotechnology/Microbiology/Bioinformatics.

His/Her age, by appearance and according to his/her own statement is: \_\_\_\_\_

He/She has marks of small pox vaccination: Yes / No

Personal Marks of Identification

1. \_\_\_\_\_

2. \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Chest measurement on full inspiration: \_\_\_\_\_ expiration: \_\_\_\_\_

Acuteness of Vision: \_\_\_\_\_ In case where sight is corrected with glasses, the strength of glass for each eye. Left: \_\_\_\_\_ Right: \_\_\_\_\_

Any deformities or other disabilities present should be noted in detail

Name and Sign of the Medical Practitioner : \_\_\_\_\_

Registration Number:

Designation:

Station:

Date: