

Certificate of Physical Fitness

Name of Applicant :

Sex : M (____) F (____)

Marital status :

Age :

Blood Group :

Nationality :

Address :

City :

Country :

Email ID :

Certified that the applicant has been examined by me and necessary tests carried out and he/she is not suffering from any disease. He/ she is physically fit to travel to India and join the University.

Date:

Name of Doctor:

Address:

Signature: