

## 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:**