

(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 **Amrita School of Engineering, 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 Engineering.

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) _____

a. Height: _____

b. Weight: _____

c. Chest measurement on full inspiration: _____ expiration: _____

d. Acuteness of vision: _____ In case where sight is corrected
with Glasses the strength of glass for each eye.

Left : _____ Right : _____

N.B. : Any deformities or other disabilities present should be noted in details.

Signature of the Medical Practitioner :

Name (In Block letters) :

Registration Number :

Designation :

Station :

Date :