

**MEDICAL FITNESS CERTIFICATE**

Signature of the Applicant: .....

(In the Presence of Doctor)

I, Dr. .... do hereby certify that I have carefully examined Mr./Ms. .... an applicant seeking admission for **B.P.E.S / B.P.Ed / M.P.Ed** and I do not discover that he/she has any Physical deformity, blindness of one or both eyes or deafness or stammering. I further certify that he/she is capable of undergoing vigorous Physical Activity during the training period.

Identification Marks:

- 1)
- 2)

Signature :  
Name :  
Designation :  
Address :

(Seal with Date)

*Note: Medical Certificate is to be obtained from a Government Doctor not below the rank of Civil Surgeon*