

## CERTIFICATE OF PHYSICAL FITNESS

**(To be issued by a Registered Medical Practitioner with Registration No and Seal / Govt. Civil Hospital / Medical College hospital / Govt. Health Centre with Seal and Signature and Name of the Doctor.)**

I do hereby certify that , I have examined Mr / Ms / Smt/ \_\_\_\_\_  
\_\_\_\_\_ a candidate for selection to the First year PG Course in BLDE (DU)'s  
Shri. B. M. Patil Medical College, Hospital and Research Centre, Vijayapura and cannot discover that He  
/ She has disease constitutional affliction or bodily infirmity except \_\_\_\_\_  
\_\_\_\_\_.

I do not consider this disqualification for undergoing the course of student in Medical College.

His / Her are according to his / her own statement is \_\_\_\_\_ years and by appearance about  
\_\_\_\_\_ year.

He / She has marks of small fox identification.

Personal Marks identification:

a) Hight : \_\_\_\_\_ b) Weight: \_\_\_\_\_

c) Chest Measurement in full inspiration: \_\_\_\_\_ , on full expiration: \_\_\_\_\_

d) Acuteness vision: \_\_\_\_\_, Right Eye: \_\_\_\_\_, Left Eye: \_\_\_\_\_,  
Trachoma: \_\_\_\_\_.

N.B.:

i) In case where sight is corrected with glass the strength of glasses for each eye should be noted.

ii) Any defect, deformation or other disabilities when present should be noted in details.

Place:

Date:

Name: \_\_\_\_\_ (Signature with Seal)

Degree:

Registration No:

Name of the State Medical Council: