

**ANNEXURE - III**

**PHYSICAL FITNESS CERTIFICATE  
FOR ADMISSION TO PROFESSIONAL DEGREE COURSES**

(To be filled up by a Medical Practitioner not below the rank of Asst. Surgeon)

I, Dr. .... after careful personal examination of the case do hereby certify that Sri/Kum..... whose signature is given above is found physically fit and suitable to undergo Professional Degree course in B.Sc. Nursing. His/Her height ....., weight....., chest..... and vision .....

Signature :

Name :

Place:

Reg. No. :

Date:

Designation :

(Office Seal)