

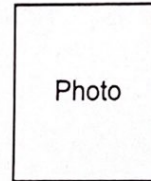
SHAHEED KANSHI RAM COLLEGE OF PHYSICAL EDUCATION
BHAGOO MAJRA, KHARAR-140301

MEDICAL FITNESS CERTIFICATE
(To be certified by a Registered Medical Practitioner)

I certify that I have this day carefully examined

Name

S/o/D/o



and I am satisfied beyond doubt that he/she is FULLY FIT/NOT FIT
for undergoing strenuous physical testing programme involving risk
of injuries.

Signature of Doctor

Regd. No.

Name

Seal

Dated :



UNDERTAKING BY THE PARENT/GUARDIAN

I Father/Guardian of applicant
..... am fully aware of the rules and
procedures mentioned in the prospectus of the college and undertake that my ward shall
be himself/herself solely responsible for any mishappening and injury happen during the
entrance tests and strenuous training during entire course at the Institute.

Place

Signature

Date

Name of the Father/Guardian .