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Annexure - V

Physical Fitness Certificate

I certify that I have personally examined Shri/Smt./Kumari.....

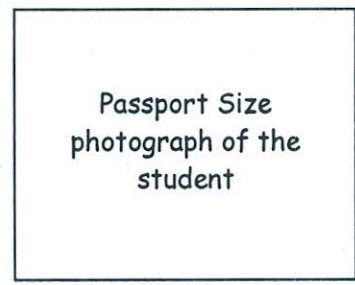
S/o/D/o..... Village..... P.S.....

.....P.O.....Distt..... and found

physically and mentally fit for study.

Signature

Name, Designation & Address
of the Medical Officer/ Practioner
with Registration No. :



Signature of the applicant