

## For Students of U.G. / P.G. Admission

[Declaration to be filled by the Students for the Issue of Physical Fitness Certificate]

I. Name of the Student : .....  
[In BLOCK Letters with Initials at the End]

II. Date of Birth : 

Date		Month		Year			

III. Gender : 

Male		Female		Trans Gender	
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IV. Address for Communication / Permanent: Door No. ....  
.....**Post,**  
..... **Taluk,**..... **District,**  
..... **State.** Pin Code:

### Indicate your response by ticking [✓] appropriate one

1. Do you have any minor or major complaint? **Yes / No**  
If yes, describe .....
2. Are you allergic to any medicine or any others? **Yes / No**  
If yes, describe .....
3. Have you ever had any operation or been advised any operation? **Yes / No**  
If yes, describe .....
4. Are you Physically Challenged? **Yes / No**  
If yes, Indicate: Visual / Hearing / Orthopedic

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I Declare that the above information are true to the best of my knowledge.

Date : / / 20



Signature of the Student

[P.T.O]

# CERTIFICATE OF PHYSICAL FITNESS

Name of the Student : .....

Name of the Course : .....

College in which admitted : Vidyaa Vikas College of Engineering and Technology, Tiruchengode

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I. Personal Marks of Identification: 1. ....  
2. ....

II. Blood Group & Rh Type : .....

III. General Examination : Height .....cms; Weight .....Kgs.  
Pulse ...../Min; B.P. .... / .....mm Hg.  
Resp. Rate ...../Min; Insp. ....cms, Exp. ....cms

IV. C.V.S. :

V. Respiratory System :

VI. G.I. System :

VII. C.N.S. :

VIII. Musculoskeletal System :

IX. Examination of Eyes :

X. E.N.T. :

XI. Urinary System :

XII. Remarks :

I do hereby certify that I have examined the above student. He / She is fit to join the above mentioned course.

Date : / / 20

Signature of the Medical Officer  
with Legible Seal

Place :