

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

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

I. Personal Marks of Identification: 1.
2.

II. Blood Group & Rh Type :

III. General Examination : Heightcms; WeightKgs.
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 :