## PSG INSTITUTE OF TECHNOLOGY AND APPLIED RESEARCH, COIMBATORE - 641062

## PHYSICAL FITNESS CERTIFICATE

| I do hereby certify that   | I have exam    | ined Thiru  | / Selvi   |         |                              |            |  |
|----------------------------|----------------|-------------|-----------|---------|------------------------------|------------|--|
| a candidate for admission  | n to the       |             |           |         |                              |            |  |
| Programme and confirm      | that he / she  | does not l  | nas any d | disease | e and co                     | onstitutio | nal defect   |
| or bodily infirmity except | (*)            |             |           |         | Protesting to the spinor and |            | - Annual Control of the Control of t |
| (*) I do not consider this | as a disquali  | fication or | undergoi  | ng the  | course                       | s in Engi  | neering  |
| His / Her age acco         | rding to his / | her own st  | atement   | is      |                              | У          | ears and   |
| by appearance about        |                | years.      | He/she    | has     | marks                        | of sma     | all pox /  |
| vaccination.               |                |             |           |         |                              |            |  |
| Personal marks of idea     | ntification    |             |           |         |                              |            |  |
| 1.<br>2.                   |                |             |           |         |                              |            |  |
| Blood Group & Rh Type      | e:             |             | •         |         | <i>‡</i>                     |            |  |
| General Examination:       | Height         |             |           |         |                              |            |  |
|                            | Resp.Rate _    | / M         | in; Insp  | C       | ms;                          | Ехр        | Cms  |
| Date:                      |                |             |           |         |                              |            |  |
| Place:                     |                |             | Signa     | iture o | r Medica                     | ai Officer | with seal  |

(\*) any defect or other disabilities when present should be noted in details.