CERTIFICATE OF PHYSICAL FITNESS

(By registered medical practitioner .This can be submitted after admission I have exmine Kum/Smt/Shri. Rutik Baly Ahire and here by certify as under.

1. That his/her eye sight is nrmal
2. That he/She has sound constitution
3. That he/She has no disease/Physical deformity or mental infirmity to render Him/Her until now or in furure for manual work in field of in the laboratory
4. He/She as signed in my presence.

Place : Ravalgaon

(signature or registered medical practitioner)

Dr A N Song

Medical Officer
Primary Health Centre
Ravalgaon Tal. Malegaon (Nasik)

Date : 26/12/17.

Name:

R B A

Signature Of the Candidate

Registration No