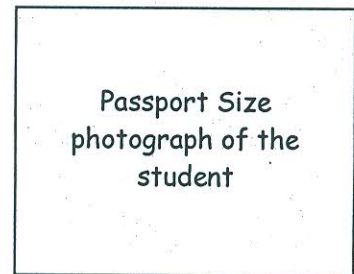


Physical Fitness Certificate

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