

ANNEXURE I

CERTIFICATE OF PHYSICAL FITNESS

.....
Signature of the applicant

I, Dr..... after careful personal examination of the case do hereby certify that Mr./Ms..... whose signature is given above is found Physically fit to undergo BUMS Course in Markaz Unani Medical College & Hospital, Kannoth (P.O.), Kozhikode for the academic year 2017-2018.

His/her height
Weight
Chest
Vision

Signature:

Name:

Reg.No.:

Designation:

Office Address:

Place :

Date :

(Seal)