Medical Fitness Certificate

I certify t	that I have ca	autiously ex	xamined t	the applic	ant
		,	and I a	am satis	fied
beyond doubt	t <mark>hat he</mark> /she is	fully		Fit/Not-	Fit)
for undergoin	g Physical E	Efficiency T	est for a	i <mark>dmi</mark> ssion	. to
Bachelor of Ph	ysical Educat	ion (B. P. E	d) Two Ye	ear C <mark>our</mark> s	e at
Government	College of	Physical	Educatio	n, Gado	ora
Ganderbal.					
Blood Group of A			e of Med		cer:
(Medical Office		Regi	stration No	.:	_