ABHIRUCHI INSTITUTE OF PHYSICAL EDUCATION (AIPE)

Abhiruchi, M.C. Road, Chenikuthi, Guwahati - 781 003

MEDICAL FITNESS CERTIFICATE FOR ADMISSION

1.	Name of Candidate :			
2.	Age & Sex :			
3.	Father's Name :			
4.	Pulse:			
5.	B. P. :			
6.	Weight :			
7.	Height:			
8.	Chest circumference(i) Normal			
		(ii) Expanded		
9.	CVS:			
10.	Chest :			
11.	Abdomen :			
12.	Eye:	(i) Colour Cision		
		(ii) Visual acuity		(a) Without glasses
				(b) With glasess
certify that I have carefully medically examined				
Mr./ Ms./ Mrs			and I am satisfied that he/ she	
s fully fit / unfit for undergoing training in physical education involving strenuous physical activities and competitive games.				
D	introtion No. of Madical Offi			
Registration No. of Medical Officer:			(Signature of Medical Officer)	
Place :			Stamp ar	nd seal of the Medical officer
Jai	ə :			