

CERTIFICATE OF PHYSICAL FITNESS

I do hereby certify that I have examined Mr./ Ms./ Dr. _____

Candidate for employment in the Department of _____

of the National institute of Technology Karnataka, Surathkal and cannot discover that he/ she has any disease communicable or otherwise constitutional weakness or bodily infirmity except _____.

I do not consider this a disqualification for employment in NITK, Surathkal.

The candidates age according to his statement is _____ years and by appearance is _____years.

Signature of candidate: _____

Date: _____

Registered Government Medical Officer
(Not below the Rank of Civil Surgeon)

Register no. _____

Seal: