

# SRM University Delhi-NCR, Sonapat , Haryana

(Established under Haryana Private Universities Act 2006 as amended by Act no.8 of 2 013)  
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## PR INSTITUTE OF MEDICAL SCIENCES AND RESEARCH

### CERTIFICATE OF MEDICAL FITNESS

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

*Space for photograph*

*&*

*Attested by the  
physician*

**Any Chronic illness (Past medical history):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### General Physical Appearance and Examination:-

**Built:** \_\_\_\_\_

**Pulse:** \_\_\_\_\_

**Blood Pressure:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Clinical Examination:-**

Chest & Respiratory System: \_\_\_\_\_

Cardiovascular System: \_\_\_\_\_

Per Abdomen: \_\_\_\_\_

Central Nervous System: \_\_\_\_\_

**Investigations:-**

Vision (Left and right with color blindness test): \_\_\_\_\_

Blood group: \_\_\_\_\_

Hb: \_\_\_\_\_

TLC: \_\_\_\_\_

DLC: \_\_\_\_\_

ESR: \_\_\_\_\_

RBS: \_\_\_\_\_

URINE-R/M: \_\_\_\_\_

I, certify that I have examined Mr. / Miss ....., and found him/her to be medically fit.

Date:

Physician's Sign & Stamp with Reg. No.

I am aware of the medical data in this card which is absolutely true to the best of my knowledge and no facts have been hidden to the examining physician.

Signature of Student

Date:

Signature of Parent/Guardian