



S-VYASA Deemed University
Swami Vivekananda Yoga Anusandhana Samsthana
Deemed University u/S of 3 of the UGC Act, 1956

CERTIFICATE OF MEDICAL FITNESS

Name (In Block Letters).....

Parent / Guardian Name.....

Gender: Male / Female

Blood Group:.....

Height:cm

Weight:kg

Heart:

Lungs:.....

Vision:

Hearing:.....

Hernia / Hydrocele / Varicocele/ Hemorrhoids, etc.:

Any Other Disease Diagnosed in the Past:

Allergies, if any.....

Recent surgeries (in last six month):.....

Personal Marks of Identification:

1.

2.

I do hereby certify that I have examined Sri / Kum / Smt.....,
Son / Daughter of....., who is an applicant for admission to
..... Program and could not notice that he / she has any disease, constitutional affliction,
bodily infirmity or mental unsoundness. His / Her age according to his/her statement is
..... year and by appearance about years.

Signature of the Candidate

Signature of the Doctor:

Place.....

Name: _____

Date.....

Designation: _____