

Format of Physical Fitness Certificate for Appointment in Project

Name of the Doctor :- _____

Date : _____

It is hereby certified that I have this day examined Shri. / Smt. / Kum. _____ a candidate for employment in the R&D Project entitled _____ bearing Offer No. _____ Dt. _____ of School _____ of _____ Sciences, NISER as _____ and could not discover that he /she has any disease, communicate or otherwise, constitutional weakness of _____ bodily _____ infirmity _____ except _____

I do not consider this a disqualification for his/her employment in the R&D Project Offer No. _____ of School _____ of _____ Sciences, NISER as _____ .

His / Her age is according to his / her own statement _____ years and _____ months. By appearance about _____ years.

Marks of Identifications : _____

Signature of the Doctor with
Designation/Qualifications/Regn. No.
with seal.

Signature of Shri./Smt./Kum.....
is hereby attested.

Signature of the Doctor with
Designation/Qualifications /Regn. No.
with seal.