

NORTH EASTERN FIRE SERVICE ACADEMY

PHYSICAL FITNESS CERTIFICATE

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

Name (In Block Letters):.....

Father's Name:.....

Gender:.....

Blood Group:.....

Height:.....

Weight:.....

Chest:

Normal:..... Expanded:.....

Vision:

Left:..... Right:.....

Any other disease diagnosed in the past:

.....

Allergies, if any:.....

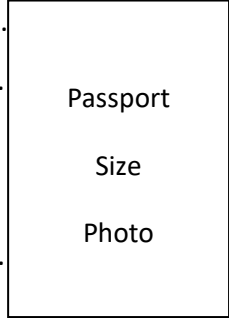
List of prescribed medication, if any:

.....

Any other Remarks:

.....

I certify that I have carefully examined.....son/daughter
of Mr.....who has signed in my presence
.She/he is physically and mentally fit for the course.



Signature of the Candidate

Place:.....

Date:.....

Signature of the Medical Officer

with legible seal.