

PHYSICAL FITNESS CERTIFICATE

To be submitted to the Chairman / Director of the concerned department / institutes at the time depositing admission fee

I certify that I thoroughly examined Mr. / Ms. _____ S/o,
D/o _____ and I do not find any disease, which could
prevent him /her from hard work and continuous studies at Mehran University of Engineering &
Technology, Jamshoro.

Identification Mark (if any): _____ Pulse Rate: _____

Vaccination Marks:

Height: _____ Meter _____ cms

Right Arm: _____

Weight: _____ Kgs.

Left Arm: _____

Chest unexpanded: _____ cms

Vision (Without Glasses):

Chest Expanded: _____ cms

Right Eye: _____

Range of Expansion: _____ cms

Left Eye: _____

(Vision should be 6/6 with or without glasses)

Number of Teeth: _____

Blood Group: _____

It is certified that the above candidate:

- i. Does not suffer from any inveterate skin disease.
- ii. Does not suffer VD.
- iii. Does not bear traces of previous acute or chronic disease pointing to and impaired constitution.
- iv. Does not suffer from any contagious disease.
- v. Is not deaf and dumb and
- vi. X-Ray examination of his / her chest is satisfactory.

Signature of Medical Practitioner

PMDC Registration No.: _____

Place: _____ Date: _____