

**CERTIFICATE OF PHYSICAL FITNESS IN RESPECT OF CANDIDATES FOR ADMISSION INTO THE
ANM/GNM/Basic B.Sc/P.B.B.Sc./M.Sc/ P.B. Diploma COURSE-2023-24.**

Name of the Candidate in full _____

Age _____ Sex _____ Height _____ Weight _____

Heart _____ Eye _____ Teeth _____ Liver _____

Lungs _____ Spleen Blood Group _____ Blood Pressure _____

Please indicate if Pregnant _____

Date of L.M.P. _____

Previous Medical History, if any _____

Personal Remarks of Identification

1. _____

2. _____

I certify that I have examined the above named candidate and cannot discover that he/she has any diseases, constitutional weakness or bodily infirmity and I consider that the candidate is physically and mentally fit to undergo ANM/GNM/Basic B.Sc./P.B. Diploma/P.B.B.Sc./M.Sc./P.B.Diploma Course under Health & F.W. Department.

SIGNATURE OF THE CANDIDATE WITH DATE

**Signature & Seal of authorized Medical Officer
(Govt. of Odisha)**

Designation –

Date -