

**CERTIFICATE OF MEDICAL / PHYSICAL FITNESS**

Signature of the Candidate: .....

I do hereby certify that, I have examined the above signed person Mr. / Ms. \_\_\_\_\_ and find him/her fit for participating in 14<sup>th</sup> Maharashtra State Inter-University Avishkar Research Convention: 2019-20. The candidate is not suffering from any communicable or chronic disease, which may cause any hindrance due to his/her participation in 14<sup>th</sup> Maharashtra State Inter-University Avishkar Research Convention: 2019-20.

Signature of the Medical Officer

(Seal)

Name of the Medical Officer	
Address of the Medical Officer	
Contact No. of the Medical Officer	

Date: /01/2020