

## **Annexure No. 6**

### **Physical Fitness Certificate** (To be given by the Medical Practitioner)

I do hereby certify that, I have examined the below mentioned person and find him/her fit for participation in Aavishkar: Maharashtra State Inter-University Research Convention. He/She is not suffering from any communicable or chronic disease, which may cause any hindrance due to his/her participation in Aavishkar: Maharashtra State Inter-University Research Convention.

Name of the Student Participant	
Mobile No. of the Student Participant	

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

Date:

Place:

Signature of the  
Medical Practitioner with  
Seal and Registration No.