FITNESS CERTIFICATE

Submitted through:

(Name of the District/Unit affiliated to MAGA)

To, The Honorary Secretary General, Maharashtra Amateur Gymnastics Association, Mumbai-400071.

Place: : Dt:

This is to certify that I have examined,

Mr./Ms.

aged and to the best of my clinical knowledge, I have found that he/she is physically fit to perform all the Gymnastics events without stress in the Stae Championship/Selection Trial. He/She is not suffering from any infectious &/or contagious diseases. He/she is not suffering from any chronic illness and found him/her in a good state of physical and mental health. He is also physically fit to travel.

Presently, he/she is not sustaining any type of injury.

He/She was under my treatment from _	to	as
he/she was suffering from		
He/She is now fit to join Gymnastics comp	petition from	

(Stamp)

(Name & Signature of Medical practitioner)



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