



**INDIRA GANDHI NATIONAL TRIBAL UNIVERSITY  
AMARKANTAK (M.P.) 484887**

**DECLARATION FROM THE STUDENT ON PHYSICAL FITNESS**

I, Mr./Ms....., Roll. No.:....., Programme....., Dept. ...., Student of IGNTU, Amarkantak M.P. do hereby undertake on this the.....(day), of..... (Month),..... (Year), the following:

1. I declare that I am not suffering from any serious/contagious ailment including psychology related symptoms.
2. I also understand that the declaration on physical fitness submitted by me is correct.

**Signature of the Student**

I hereby fully endorse the undertaking made by my child/ward.

**Signature of Mother / Father or Guardian**

**Head of the Department**

**Dean of the Faculty**

**Director of Admissions**