



**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