

Format For Medical Certificate

(To be obtained from a Chief Medical Officer or Medical Officer of a participating U.P. State Funded Engineering Institute)

This certificate has to submitted at the time of admission in the college.

Name of Candidate:		Age:		Sex::	
Category:		Subcategory:			
Father's Name:					
(To be filled by the candidate)					
L.T.	M.I.	VISION	Colour Vision:		
Height:	Weight:		Chest	Abdomen	Without glass: With glass:
History	Operation	Kockh's	Colics	B.P.	
	Seizures	Asthma	Piles	Diabetes	
E X A M I N A T I O N	Pulse	Tonsil	DNS	Hernia	
	Pallor	L. Nodes	CSOM	Hydrocele	
	Cardiovascular		CNS		
	Respiratory		GIT		
	Genitourinary		Other		
Is the candidate physically handicapped/Disabled :		<input type="checkbox"/>	(Please tick) Yes/No		
If yes, type of handicap/disability :		<input type="checkbox"/>	Type-1: Minimum 40% permanent Visual impairment		
(Please tick ~✓ the type of handicap/disability)		<input type="checkbox"/>	Type-2: Minimum 40% permanent Locomoter disability		
		<input type="checkbox"/>	Type-3: Minimum 40% permanent speech and Hearing impairment		
Any other finding:					
Certified that the candidate is physically fit/unfit/temporally disqualified to pursue engineering studies					

Signature of the candidate

Signature of the issuing Medical Officer (With Official stamp)

UNDERTAKING BY CANDIDATE FOR MEDICAL FITNESS

I certify that I have no such physical hanicap/disbility which would hinder the pursuit of studies in the courses in which I am seeking admission. If at stage it is found that I have a physical handicap/disability which would hinder the pursuit of studies in the courses in which I am seeking admission then my admission will be liable to be cancelled.

Dated:

Counter Signed by Father / Guardian

Signature of the Candidate